DOCUMENT RESUME

ED 315 675 CG 022 254

AUTHOR	Heath, Angela
TITLE	Caregivers in the Work Place.
INSTITUTION	American Association of Retired Persons, Washington, D.C.
PUB DATE	87
NOTE	150p.
AVAILABLE FROM	American Association of Retired Persons (AARP), P.O. Box 19269, Station R, Washington, DC 20036 (Stock No. D12933, $16.00 prepaid for complete set; components not available separately).
PUB TYPE	Guides - General (050)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Caregivers; Counseling Services; Employee Assistance Programs; *Employees; *Employer Employee Relationship; *Family Caregivers

ABSTRACT

This group of six documents has been developed to help employers focus on the growing needs of employees who are concerned about and/or are caring for older relatives. The materials have been designed so that each component can be used individually, allowing employers to tailor programs to their needs. This kit includes information on how to organize and implement the following program components: (1) a caregivers survey which can be administered to employees to gather statistical information regarding the number of caregivers at the worksite and to identify areas of stress; (2) a care management guide which is designed for employee counselors to help them assist employees in identifying problem areas, services needed, and organizations to contact for supportive services; (3) a guide to running a caregivers fair--an information fair at which local organizations providing services to older people are invited to distribute literature and answer employees' questions during a planned time period, usually the lunch hour; and (4) a planning guide and trainer's manual for caregivers educational seminars--a series of 10, 1-hour training modules, which companies may offer to employees. The companies which have used the program kit have found it to be a highly effective way to offer low-cost supportive programs for employees faced with the dual responsibilities of employment and care for an elder. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED315675

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN **MICROFICHE ONLY** HAS BEEN GRANTED BY
George Selby
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Caregivers in the Work Place

AARP

There's a Way to Share the Care.

CG022354

BEST COPY AVAILABLE

Contents

Introduction

Caregivers Survey

Care Management Guide

Caregivers Fair

Educational Seminars Planning Guide

Educational Seminars Trainer's Manual

AARP

Introduction

There's
a Way
to Share
the Care.

Americans are living longer than ever before. People aged 85 and above make up the nation's fastest growing age group; 78 percent of them still live in their own or in relatives' homes. With advances in medical treatment, older persons are more likely now to survive and be incapacitated after having strokes or heart attacks. Or, they are more likely now to suffer years of gradually debilitating ailments, such as arthritis. Whatever their problems, older people turn most frequently to their spouses or adult children when help is needed. According to *Newsweek* magazine, up to five million Americans provide help to a relative in some way on any given day. In fact, research documents that family members provide 80 percent of the care needed by older relatives.

It has also been documented that employees faced with stressful personal problems, such as caregiving, cost employers money through increased absenteeism and distraction on the job which leads to higher error rates and lower productivity. In 1982, a National Long-Term Care Survey conducted by the Department of Health and Human Services, indicated that 44 percent of caregiving daughters were employed outside the home while 11 percent had resigned their jobs to become full-time caregivers.

The American Association of Retired Persons (AARP), through its Women's Initiative, has developed the *Caregivers in the Work Place Program* to help employers focus on the growing needs of employees who are concerned about and/or caring for older relatives. The materials have been designed so that each component can be used individually. Thus, you will be able to tailor a program based on your company's needs. The *Caregivers in the Work Place Program Kit* includes information on how to organize and implement the following program components:

1) **Caregivers Survey**—an anonymous survey of employees to gather statistical information regarding the number of caregivers at your worksite and identify areas of stress.

2) **Care Management Guide**—a guide designed for employee counselors to help them assist employees with identifying problem areas, services needed, and organizations to contact for supportive services.

3) **Caregivers Fair**—an information fair to which local organizations providing services to older people are invited to distribute literature and answer employees' questions during a planned time period, usually the lunch hours.

4) Caregivers Educational Seminars—a series of ten, one-hour training modules, which companies may offer to employees. (The company decides which sessions to offer determined by employee need and/or company resources.)

The *Caregivers in the Workplace Program Kit* has been tested by a variety of companies including The Travelers Companies, Drew University, Mutual of New York, McNeil Consumer Products Company, Indian River Memorial Hospital, Ft. Logan Mental Health Center, The Aerospace Corporation and Florida Power and Light. AARP gratefully acknowledges the continued support of these companies throughout the development of this program kit.

These companies found the program kit to be a highly effective way for them to offer low-cost supportive programs for employees faced with the dual responsibilities of employment and care of an elder. In addition, pilot companies commented that the program materials were clear, concise, and easy to follow.

Through participating in the *Caregivers in the Work Place Program* your company may:

- Better understand the responsibilities of caregiving employees;
- Have statistical information on caregiving employees to justify programming;
- Improve the morale of employees;
- Relieve employees' anxiety about locating social services, thereby possibly improving productivity;
- Support and augment employee counselors;
- Increase the knowledge and skills level of employees dealing with caregiving problems; and
- Create a positive image in the community by generating favorable media coverage.

Following are planning guides with step-by-step instructions for developing, implementing and promoting the Caregivers Survey, the Caregivers Fair, and the Caregivers Educational Seminars. Also included are the Caregivers Educational Seminar content materials and the Care Management Guide. Although the information and procedures outlined in the manual have been tested in various work settings, AARP recognizes that different companies have different methods of operation. Thus, the guidelines set forth here are offered as a basic working plan that can be adapted to suit your organization's circumstances.

© 1987 by American Association
of Retired Persons
Reprinting with permission only.

AARP

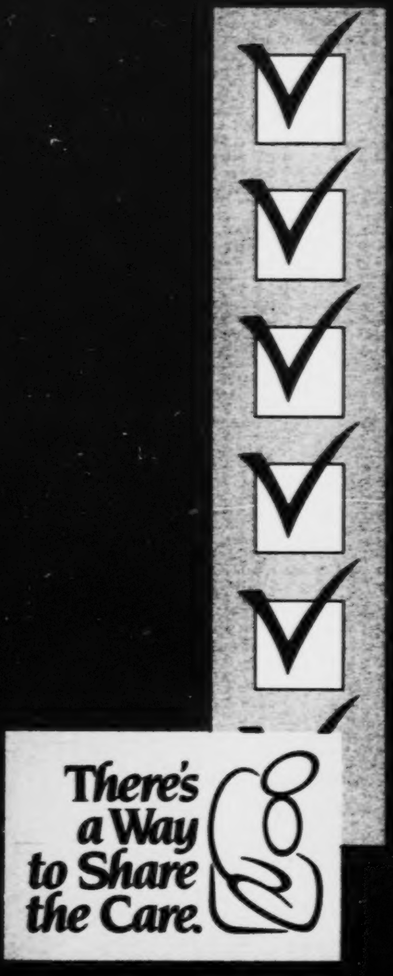
American Association
of Retired Persons
1909 K Street, NW
Washington, DC 20049

A Publication
of the Social Outreach
and Support Section
Program Department

Funded by the Women's Initiative

AARP

Caregivers Survey


There's a Way to Share the Care.

Caregivers Survey

CAREGIVERS IN THE WORK PLACE

Written By: Angela Heath

A Publication of the Social Outreach
and Support Section
Program Department
AARP
Funded by the Women's Initiative

© 1987 by American Association of Retired Persons.
Reprinting with permission only.

Acknowledgments
We extend appreciation to the following companies which tested the program materials: The Aerospace Corporation, Drew University, Florida Power and Light, Ft. Logan Mental Health Center, Indian River Memorial Hospital, McNeil Consumer Products Company, Mutual of New York, and The Travelers Companies.

AARP is a nonprofit, nonpartisan membership organization founded in 1958 by Dr. Ethel Percy Andrus, a retired educator. Membership, which exceeds 26 million, is open to anyone 50 years of age or older. Headquartered in Washington, DC, AARP offers a wide range of membership benefits, legislative representation at federal and state levels, and educational and community service programs carried out through a national network of volunteers and local chapters. The Association is dedicated to helping older Americans achieve lives of independence, dignity and purpose. This publication was funded by the AARP Women's Initiative which addresses the special needs of mid-life and older women, many of whom are the principal caregivers of older family members.

Recently, employers have begun to recognize elder care as an issue which warrants further exploration. Few companies, however, have used a questionnaire to assess their employees' ability to balance job and caregiving responsibilities. Most companies do not have statistics on employees faced with caregiving and have not identified the types of supports that could be possible at the worksite. The Caregivers in the Work Place Survey was designed to provide companies with data on employees who must deal with issues of care for older relatives.

In November 1985, AARP, under the auspices of the Women's Initiative, began developing the *Caregivers in the Work Place Program*. While designing the Caregivers in the Work Place Survey, we became aware of The Travelers Employee Caregiver Survey, which was administered in June 1985. The Travelers Companies consented to allow AARP to adapt their survey for use in the *Caregivers in the Work Place* project.

The objectives of the AARP Caregivers Survey are to:

- Provide you with statistical information as to the number of employees faced with caregiving responsibilities;
- Provide you with information regarding the scope of assistance employees give to older relatives; and
- Help you assess how areas of stress affect productivity at work.

Five worksites tested the Caregivers in the Work Place Survey with their entire employee populations. Twenty-eight percent of employees returned the survey, with 24 percent of those respondents indicating that they were caregivers.

Following is a summary of major findings:

- 31 percent of caregivers were management staff;
- 40 percent of caregivers had been employed with their company more than 11 years;
- On the average, caregivers provided assistance to older relatives in three areas of basic daily living;
- 18 percent of caregivers lost time from work during the past six months due to a crisis related to the person receiving care;
- 22 percent had not had a vacation away from their caregiving activities for a year or more; and
- Only 1 percent of caregivers rated the employee counselor as having helpful information.

These findings indicate that caregiving is a concern for many upper level employees and for many employees with long-term commitments to their employers. By implementing the Caregivers in the

Work Place Survey, your company will be able to examine how caregiving affects your own employee population.

A copy of the Caregivers in the Work Place Survey can be found in Appendix A. The survey can be personalized by adding your company's name under "Administered By" on the first page and inserting the name and department of the person to whom the surveys should be returned on the last page. Following is an overview of the organizing steps for administering the survey.

Steps in Organizing Caregivers Survey

Organizing Task	Time Frame
1. Announce Caregivers in the Work Place Project highlighting survey —employee newsletter	One month before survey distribution
2. Print the appropriate number of surveys and cover letters	Two weeks before survey distribution
3. Distribute survey	Designated date
4. Remind employees to return survey —memo to departments	Two weeks after survey distribution
5. Analyze surveys	Five to seven weeks after distribution
6. Distribute results —employee newsletter —memo	Two months after survey distribution

Timing of the survey distribution is important. Companies are advised to avoid sending out the Caregivers Survey too closely behind another survey.

About one month before you distribute the surveys, place an article in the employee newsletter. If you do not publish a newsletter, distribute a memo. Appendix B contains information which should be included in the article. Emphasizing the importance of returning the survey, whether the employee is a caregiver or not, will result in a higher response rate. You will also want to stress to employees that their responses are anonymous and will be used for statistical purposes *only.*

Two weeks prior to the date you plan to distribute the survey, have the desired number of surveys and cover letters printed. Surveys can be distributed to employees through inter-office mail or attached to paychecks. We recommend that small companies (less than 1,500 employees) survey their entire population. Large companies (1,500 employees or more) should survey 1,500 employees, randomly selected. Appendix C contains a sample letter which should accompany the survey. You may wish to reproduce this letter on company letterhead. If possible, the letter should be signed by a company vice president or similar-ranking official. The letter may be signed also by the person to whom the survey will be returned.

After the survey has been distributed, allow two weeks for its return. If 20 percent of the surveys have not been returned within two weeks, send a reminder to employees and extend the deadline three additional weeks. (See Appendix D for a sample reminder.)

Have your surveys analyzed as quickly as possible and advise employees of the results. You should then forward the Care Management Guide (see following booklet) to the employee counselor and let employees know that counseling is available for caregivers.

As a general guideline, a 20 percent response rate is adequate for this type of survey. Also, your company may want to offer supportive programs if 20 percent of employees responding to the survey are faced with caregiving responsibilities.

The following booklets contain organizing information for implementing the Caregivers Fair and Educational Seminars. If the survey results for your company meet the general guidelines outlined above, we *strongly* recommend that you offer one or both programs for your employees.

Appendix A

Survey of Caregiving Responsibilities

American Association of Retired Persons (AARP) gratefully acknowledges the assistance of The Travelers Companies, which granted AARP permission to adapt for its use The Travelers Companies June 1985 Employee Caregivers Survey. This survey was produced under the auspices of AARP's Women's Initiative which responds to the special concerns and interests of midlife and older women.

The questions on this survey ask about your caregiving responsibilities—that is, any activities you do in order to take care of or provide care for an older family member, relative, or friend. These activities could range from shopping for another person who cannot do their own shopping or tending to a bed-bound or home-bound person. Your answers will be kept in the *strictest confidence* and will be used for *statistical purposes only.* So please be open and candid in giving your responses. Please return the survey whether you have caregiving responsibilities or not.

1. First, please indicate below your general job classification.

(1) ☐ Clerical/Support
(2) ☐ Management
(3) ☐ Production
(4) ☐ Technical
(5) ☐ Other

2. What age group do you fall into?

(1) ☐ Under 30 years
(2) ☐ 30-35 years
(3) ☐ 36-40 years
(4) ☐ 41-45 years
(5) ☐ 46-50 years
(6) ☐ 51-55 years
(7) ☐ 56-60 years
(8) ☐ 61 or older

3. What is your marital status?

(1) ☐ Single
(2) ☐ Married
(3) ☐ Widowed
(4) ☐ Divorced/Separated

4. And are you . . .

(1) ☐ Female
(2) ☐ Male

5. How long have you been with this organization/corporation?

_______ Years

6. How many children do you have living at home who are . . . (Please *circle the appropriate number* or numbers)

(1) I have no children living at home ______
(2) Number of children under age 6 .... 1 2 3 4 or more
(3) Number of children 6-18 years old .... 1 2 3 4 or more
(4) Number of children 19 or older .... 1 2 3 4 or more

7. If others, besides children, live with you, please indicate below which people live with you. (Check *all that apply*)

(1) ☐ spouse
(2) ☐ father or mother
(3) ☐ father-in-law or mother-in-law
(4) ☐ a brother or sister
(5) ☐ aunt or uncle
(6) ☐ another relative
(7) ☐ a friend
(8) ☐ other

8. Do you have anyone *aged 50 or older* for whom you have caregiving responsibility?

(1) ☐ Yes
(2) ☐ No (If 'No,' that completes the questionnaire—Please return to person listed on the last page—Thank you)

9. If "yes," in question 8, how many persons *aged 50 or older* do you have caregiving responsibility for?

(1) ☐ One (2) ☐ Two (3) ☐ Three or more

If you care for more than one person, please report on the *one person* for which you provide the *most* care in answering questions 10-17.

---

10. Where does the person for whom you have caregiving responsibility live?

(1) In your home .... ☐
(2) In their own home (near yours) .... ☐
(3) In their own home (a distance from yours) .... ☐
(4) In a nursing home (near your home) .... ☐
(5) In a nursing home (a distance from you) .... ☐
(6) Other (specify) ________ .... ☐

11. If you indicated that a person you are caring for lives in a separate residence, how often do you visit with them?

(1) Never .... ☐
(2) Monthly .... ☐
(3) More than once a month .... ☐
(4) Weekly .... ☐
(5) Almost every day .... ☐

12. Please provide the following information about the person you are caring for.

(1) Person's Age ____________________

(2) Sex (M = Male F = Female) ____________________

(3) Relation to you (Father, Mother, In-law, etc.) ____________________

(4) How long have you been caring for the person? ____________________

13. Who provides most of the care for the person? (Please *check only one*)

(1) You ☐
(2) Your spouse ☐
(3) Your father or mother ☐
(4) Your children ☐
(5) Father-in-law or Mother-in-law ☐
(6) Your brother or sister ☐
(7) Brother-in-law or sister-in-law ☐
(8) Other relative ☐
(9) Friend ☐
(10) Outside paid help ☐
(11) Other (specify) ☐

14. Currently, how many medical problems are experienced by the person you are caring for? (For example, stroke, glaucoma, high blood pressure, heart problems, cancer, diabetes, memory loss, sleep disorders, Alzheimer's disease, arthritis, incontinence, blindness, depression, etc.)

____

____

15. Did any of the following events happen to the person to cause the need for you to provide care for him or her? (Check *all that apply*)

(1) Major illness/injury ☐
(2) Progressive health deterioration ☐
(3) Hospitalization ☐
(4) Death of spouse ☐
(5) Retirement ☐
(6) Laid off or fired from job ☐
(7) Other (specify) __________ ☐

16. What kinds of help do you provide to the person? (Check *all that apply*)

(1) Direct financial support .... ☐
(2) Manage person's finances .... ☐
(3) Do household chores for person such as shopping, cooking, laundry, maintenance of living quarters .... ☐
(4) Assist person with personal care (dressing, bathing, feeding, toileting, etc.) .... ☐
(5) Provide help moving about in the house or apartment .... ☐
(6) Provide transportation .... ☐
(7) Administer medications .... ☐
(8) Provide companionship by personal visits or by telephone .... ☐
(9) Make or receive telephone calls for person .... ☐
(10) Arrange/coordinate outside help for person .... ☐
(11) Other (specify) ____________ .... ☐

17. How many hours *per week* do the following people spend in providing care for the person you are caring for?

(1) You .... ____ hrs
(2) Others living within your household .... ____ hrs
(3) Friends/relatives living outside your household .... ____ hrs
(4) Paid outside help .... ____ hrs

18. For *each of the categories of activities below,* please indicate how often your caregiving responsibilities interfere with these activities.

	Most of the time (1)	**Often (2)**	**Sometimes (3)**	**Seldom (4)**	**Never (5)**
(1) Outside Activities (clubs, shopping, etc.)	____	____	____	____	____
(2) Work or job	____	____	____	____	____
(3) Other family responsibilities (spouse, children, etc.)	____	____	____	____	____
(4) Quiet time or rest	____	____	____	____	____

19. Other than help provided by you or another family member, does the person receive help from an *outside source*?

(1) ☐ Yes (2) ☐ No (If 'No,' go to question 21)

20. If 'Yes' above, which of the following kinds of help does the person receive? (Check *all that apply.*)

Outside help used for:

(1) ☐ Homemaking chores (cooking, laundry, etc.)
(2) ☐ Repairs/maintenance to the household
(3) ☐ Personal care
(4) ☐ Companion services
(5) ☐ Nursing services/therapy
(6) ☐ Home-delivered meals
(7) ☐ Counseling
(8) ☐ Adult day care
(9) ☐ Transportation
(10) ☐ Telephone monitoring or reassurance
(11) ☐ Other (specify) ____________________

21. Which *one* of the following has been *most helpful* in providing information about outside resources available to help in providing care for the person you are caring for? (Please *check only one.*)

(1) ☐ Family physician
(2) ☐ Visiting nurse or other health care professional
(3) ☐ Clergy
(4) ☐ Counselor/social worker
(5) ☐ Employee assistance or counseling program
(6) ☐ Friends/family
(7) ☐ Other (specify) ____________________
(8) ☐ Supervisor or co-worker
(9) ☐ None of the above

22. Do you or do you not need *additional assistance* in order to continue providing care to the person? (Please *check only one.*)

(1) ☐ I *do not* need assistance, I can continue to provide care.
(2) ☐ I need *some assistance*, but generally I can do it myself.
(3) ☐ I need *considerable* assistance in order to continue.
(4) ☐ Even *with* assistance, I may not be able to continue.

23. When were you *last* able to take a vacation that allowed you some time *away from your caregiving responsibilities*? (Please *check only one*)

(1) ☐ Less than 6 months ago
(2) ☐ Between 6-12 months ago
(3) ☐ Between 13 months and 2 years ago
(4) ☐ More than 2 years ago

24. How *helpful* would specific information on the *following topics* be in assisting you with your caregiving responsibilities?

Information on:	Not Very Helpful (1)	Somewhat Helpful (2)	Very Helpful (3)
(1) Specific illnesses			
(2) Home care			
(3) Community resources			
(4) Housing options			
(5) How to choose a nursing home			
(6) Useful tips for caregivers			
(7) Effective communications			
(8) Questions to ask your physician			
(9) Normal aging process			
(10) Stress management ...			
(11) Mental incapacities and aging			
(12) Other (specify) ______			

25. Which of the following supports would you use if they were available? (Check *all* that apply)

(1) ☐ **Caregivers Fair**—an information fair about community resources.
(2) ☐ **Educational Seminars**—a series of information sessions.
(3) ☐ **Audio Cassette Tapes**—containing useful information for caregivers.

(4) ☐ **Support Groups**—scheduled meetings with other caregivers to discuss issues and share helpful information.

(5) ☐ **Respite**—temporary relief from caregiving by allowing a trained person to care for relative.

26. How many days (if any) have you lost from work *during the past 6 months* for the following reasons. (Enter the *number of days for each reason*)

(1) Illness(es) .... _____ days
(2) Family emergencies .... _____ days
(3) Crisis/emergency with person being cared for .... _____ days
(4) Lack of sleep .... _____ days
(5) On-the-job accident .... _____ days
(6) Other (specify) _______ .... _____ days
(7) _______ Check if *no* days lost in past 6 months

27. Is there someone *at work* with whom you can discuss your personal problems or family life issues? (Check *all that apply*).

(1) ☐ No one
(2) ☐ Co-worker
(3) ☐ Supervisor
(4) ☐ Company nurse
(5) ☐ Employee assistance counselor
(6) ☐ Other (specify) ____________________

28. During the *past 6 months*, have you suffered from any of the following? (Please *check all that apply*)

(1) ☐ Frequent headaches
(2) ☐ Weight gain or loss
(3) ☐ Skin disorders
(4) ☐ Nervousness
(5) ☐ Unusual drowsiness
(6) ☐ Inability to sleep
(7) ☐ Other (specify) ________________

Additional Comments: ____

____

____

____

That completes the questionnaire. Thank you very much for your time. Please return to:

____

____

____

Guidelines for Writing a Press Release Announcing the Caregivers in the Work Place Survey

1. Points to emphasize.

- 80 percent of care needed by aged relatives is provided by family members.
- Greatest growth in population is among people aged 85 years and older, the frail elderly.
- Due to decreased fertility in the American population, increased mobility, and more women entering the job market, fewer family members are available to provide assistance to aged relatives.
- The survey is confidential and anonymous.
- Caregiving can be stressful for working persons.
- Surveys should be returned by *all* employees, both caregivers and those not currently faced with caregiving responsibilities.

2. Define caregiver.

- An employee or spouse of an employee who is caring for or concerned about an aged relative or friend.

3. Outline components of project. (describe components your company will offer and a time line)

- Caregivers Survey—an anonymous survey of employees to assess the prevalence of caregiving responsibilities among workers.
- Caregivers Fair—an information fair which allows employees to gather information on community resources.
- Caregivers Educational Seminars—a series of lunch time educational sessions for employees concerned about or caring for older relatives and friends (list topics your company will offer).
- Care Management Guide—a guide designed for employee counselors to help them assist employees with identifying problem areas, services needed, and organizations to contact for supportive services.

4. Give attribution to AARP for the *Caregivers in the Work Place* materials.

5. Emphasize that the Caregivers Project is one of the many ways in which your company shows concern for its employees.

6. Indicate whom to contact for further information.

Letter Accompanying Survey

Dear Employee:

(Name of Company) is initiating the *Caregivers in the Work Place* project which was designed by the American Association of Retired Persons to assist working persons who are concerned about or caring for an older relative or friend.

As a first step in identifying how *(Name of Company)* can help reduce the stress related to caregiving, we are asking that you complete the attached anonymous, confidential survey, even if you are not caring for an older relative or friend. All employees should return the survey to *(Name, Department)* via inter-office mail by *(Date)*.

Your cooperation in this matter is greatly appreciated. With your help *(Name of Company)* can provide you with helpful information to assist caregiving employees.

Sincerely,
(Your Name)
(Title)

Sample Reminder to Employees Caregivers Survey

(can be adapted and reproduced as a flyer)

DATE: ____________
TO: Department Head
FROM: __________________
RE: Return of Caregivers Survey

A couple of weeks ago, the Caregivers Survey was distributed to all employees.

Would you please remind the employees in your department of the importance of this endeavor? The Caregivers Survey has been designed so that *(your company)* can decide if programs are needed which support employees caring for aging relatives or friends.

Please request that your employees return the Caregivers Survey to *(name, department)* as soon as possible. Persons who have misplaced the survey can call *(name, telephone #)* for a replacement.

Notes

AARP

American Association
of Retired Persons
1909 K Street, NW
Washington, DC 20049

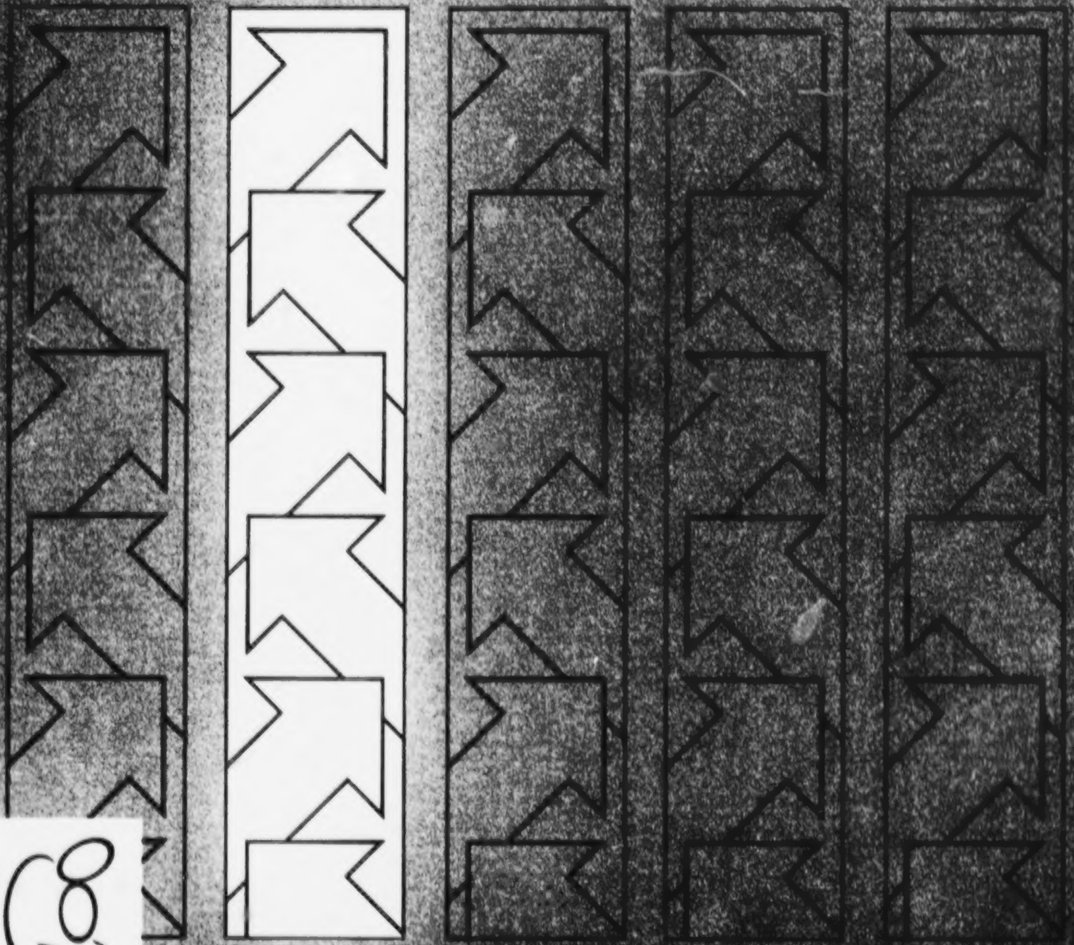
A Publication
of the Social Outreach
and Support Section
Program Department

Funded by the Women's Initiative

PF3924/1(1187)•D12934

AARP

Care Management Guide



There's
a Way
to Share
the Care.

Care Management Guide

CAREGIVERS IN THE WORK PLACE

Written By: Angela Heath

A Publication of the Social Outreach
and Support Section
Program Department
AARP
Funded by the Women's Initiative

© 1987 by American Association of Retired Persons.
Reprinting with permission only

Acknowledgments

We extend appreciation to the following companies which tested the program materials: The Aerospace Corporation, Drew University, Florida Power and Light, Ft. Logan Mental Health Center, Indian River Memorial Hospital, McNeil Consumer Products Company, Mutual of New York, and The Travelers Companies.

AARP is a nonprofit, nonpartisan membership organization founded in 1958 by Dr. Ethel Percy Andrus, a retired educator. Membership, which exceeds 26 million, is open to anyone 50 years of age or older. Headquartered in Washington, DC, AARP offers a wide range of membership benefits, legislative representation at federal and state levels, and educational and community service programs carried out through a national network of volunteers and local chapters. The Association is dedicated to helping older Americans achieve lives of independence, dignity and purpose. This publication was funded by the AARP Women's Initiative which addresses the special needs of mid-life and older women, many of whom are the principal caregivers of older family members.

Most people do not investigate the availability of aging services until a crisis occurs. Caregivers have many questions and often do not know where to turn. They may not know what services they need nor how to access them. Your employees probably are unfamiliar with "gerontological jargon" and often feel overwhelmed when problems surface. Caregiving is a relatively new concern to employers and there is little available information on this subject specifically for employers and employee assistance personnel. As a result, employees who seek information concerning aging relatives from employee counselors may find that the counselor is not fully prepared to provide assistance. In fact, only one percent of employees responding to the Caregivers in the Work Place Survey ranked employee counselors as being a helpful information source.

AARP has designed this Care Management Guide to provide guidance to employee counselors in offering support to employee caregivers.

By using the Care Management Guide, employee counselors at your company will:

- Understand the sources of stress and support for employee caregivers;
- Develop useful sources of information and referral; and
- Provide employees with helpful information during counseling sessions.

The Care Management Guide contains the Care Management Worksheet, suggested readings, and information on locating community resources.

Care Management Worksheet
(See pages 7 through 11)
Counselors should use the worksheet during the initial counseling session with caregiving employees. The worksheet will allow you to identify quickly problem areas and make helpful recommendations.

The worksheet reads from Column A through Column D. Column A represents frequent comments made by caregivers. For each statement an employee agrees with, place a "1" or "2" in the space provided to the left of Column A. A "1" indicates a primary concern and a "2" indicates a secondary concern. Column B defines the services needed, Column C lists reading materials on the subject, and Column D is a listing of possible community resources.

Care Management Guide Suggested Readings
Following the worksheet is a bibliography of suggested readings found in Column C of the worksheet as well as a list of AARP publications and ordering information. Encourage your employees to read about issues which concern them.

Most of the suggested readings should be available in your local library. You may want to keep a supply of AARP publications available so that you can distribute them as needed.

Locating Community Resources
After you have defined the employee's problem, you will want to help locate needed services in the community. Because communities vary in the types of services they offer for older residents, you may want to adapt Column D to reflect local resources.

You can do this by referring to the telephone book or through your State Unit on Aging. The government section of your local telephone book is filled with information. Some examples of headings include the city or county aging department, Social Security Administration, home care services, human services, and mayor or governor's office on aging. The staffs in these offices can offer information about other services. Other agencies listed in the phone book which offer excellent information and referral services include the United Way, Family Services of America, and religious social service organizations.

State Units on Aging are required by law to offer information on services at no cost. The states are divided into 670 Area Agencies on Aging. Each state varies and may or may not offer information at the state office. The state office can, however, refer you to the particular Area Agency on Aging which serves the community where the employee resides. As area agencies have smaller jurisdiction, they are more likely to be familiar with a particular locality. We did not print a list of area agencies due to space limitation. You can obtain "A Directory of State and Area Agencies on Aging" (Stock #052-070-05-816-1) from The U.S. Government Printing Office, Washington, D.C. 20402, for $6.50.

State Units on Aging

Alabama
Commission on Aging
State Capitol
502 Washington Avenue
Montgomery, AL 36130
(215) 261-5743

Alaska
State Agency on Aging
Older Alaskans Commission
P.O. Box C
Juneau, AK 99811-0209
(907) 465-3250

Arizona
Aging and Adult Administration
P.O. Box 6123
1400 West Washington Street
Phoenix, AZ 85007
(602) 255-4448

Arkansas
Arkansas State Office on Aging
Donaghey Building—Suite 1417
7th and Main Streets
Little Rock, AR 72203
(501) 371-2441

California
Department on Aging
Health and Welfare Agency
1600 K Street
Sacramento, CA 95814
(916) 322-5290

Colorado
Aging and Adult Services Division
Department of Social Services
717 17th Street
P.O. Box 181000
Denver, CO 80218-0899
(303) 294-5905

Connecticut
Department on Aging
175 Main Street
Hartford, CT 06106
(203) 566-7725

Delaware
Division on Aging
Department of Health & Social Services
1901 North Dupont Highway
New Castle, DE 19720
(302) 421-6791

District of Columbia
District of Columbia Office on Aging
1424 K Street, N.W.
Second Floor
Washington, DC 20005
(202) 724-5622

Florida
Program Office of Aging
Department of Health & Rehabilitation Services
1317 Winewood Blvd.
Bldg. 2, Room 323
Tallahassee, FL 32301
(904) 488-8922

Georgia
Office of Aging
Department of Human Resources
878 Peachtree Street N.E.
Atlanta, GA 30309
(404) 894-5333

Hawaii
Executive Office on Aging
Office of the Governor
State of Hawaii
335 Merchant Street
Honolulu, HI 96813
(808) 548-2593

Idaho
Idaho Office on Aging
Statehouse—Room 114
Boise, ID 83720
(208) 334-3833

Illinois
Department on Aging
421 East Capitol Avenue
Springfield, IL 62701
(217) 785-3356

Indiana
Department on Aging and Community Services
251 North Illinois Street
Indianapolis, IN 46207-7083
(317) 232-7000

Iowa
Department of Elder Affairs
Commission on Aging
914 Grant Street
Jewett Building
Des Moines, IA 50319
(515) 281-5187

Kansas
Department on Aging
610 West 10th Street
Topeka, KS 66612
(913) 296-4986

Kentucky
Division for Aging Services
Bureau of Social Services
275 East Main Street
Frankfort, KY 40621
(502) 564-6930

Louisiana
Office of Elderly Affairs
PO Box 80374
Capitol Station
Baton Rouge, LA 70898
(504) 925-1700

Maine
Bureau of Maine's Elderly
Department of Human Services
State House, Station 11
Augusta, ME 04333
(207) 289-2561

Maryland
Office on Aging
State Office Building
301 West Preston Street
Baltimore, MD 21201
(301) 225-1100

Massachusetts
Department of Elder Affairs
38 Chauncy Street
Boston, MA 02111
(617) 727-7751

Michigan
Office of Services to the Aging
P.O. Box 30026
Lansing, MI 48909
(517) 373-8230

Minnesota
Board on Aging
204 Metro Square Building
7th and Robert Street
St. Paul, MN 55101
(612) 296-2544

Mississippi
Council on Aging
301 West Pearl Street
Jackson, MS 39203-3092
(601) 949-2070

Missouri
Division of Aging
P.O. Box 1337
Jefferson City, MO 65102
(314) 751-3082

Montana
Department of Family Services
P.O. Box 8005
Helena, MT 59601
(406) 444-5650

Nebraska
Department on Aging
301 Centennial Mall South
P.O. Box 95044
Lincoln, NE 68509
(402) 471-2306

Nevada
Division of Aging Services
Department of Human Resources
Room 101
505 East King Street
Kinkead Building
Carson City, NV 89710
(702) 885-4210

New Hampshire
Division of Elderly and Adult
Services
105 Loudon Road
Building 3
Concord, NH 03301
(603) 271-2751

New Jersey
Department of Community Affairs
363 West State Street
CN 807
Trenton, NJ 08625
(609) 292-4833

New Mexico
State Agency on Aging
LaVilla Rivera Building—
Fourth Floor
224 East Palace Avenue
Santa Fe, NM 87501
(505) 827-7640

New York
Office for the Aging
Agency Building 2
Empire State Plaza
Albany, NY 12223
(518) 474-5731

North Carolina
Division on Aging
Department of Human Resources
708 Hillsborough Street
Raleigh, NC 27603
(919) 733-3983

North Dakota
Aging Services Division
Department of Human Services
State Capitol Building
Bismarck, ND 58505
(701) 224-2577

Ohio
Ohio Department of Aging
50 West Broad Street
Ninth Floor
Columbus, OH 43266-0501
(614) 466-5500

Oklahoma
Special Unit on Aging
Department of Human Services
P.O. Box 25352
Oklahoma City, OK 73125
(405) 521-2281

Oregon
Senior Services Division
Human Resources Department
Room 313
Public Services Building
Salem, OR 97301
(503) 378-4728

Pennsylvania
Department of Aging
231 State Street
Barto Building
Harrisburg, PA 17101
(717) 783-1550

Rhode Island
Department of Elderly Affairs
79 Washington Street
Providence, RI 02903
(401) 277-2858

South Carolina
Commission on Aging
915 Main Street
Columbia, SC 29201
(803) 734-3203

South Dakota
Office of Adult Services and Aging
Division of Human Development
700 Governor's Drive
Pierre, SD 57501
(605) 773-3656

Tennessee
Commission on Aging
Doctor's Building
706 Church Street, Suite 201
Nashville, TN 37219
(615) 741-2056

Texas
Department on Aging
P.O. Box 12786
Capitol Station
Austin, TX 78711
(512) 444-2727

Utah
Aging and Adult Services
120 North 200 West
Fourth Floor
Salt Lake City, UT 84103
(801) 538-3910

Vermont
Office on the Aging
103 Main Street
Waterbury, VT 05676
(802) 241-2400

Virginia
Office on Aging
101 North 14th Street
Eighteenth Floor
Richmond, VA 23219
(804) 225-2271

Washington
Bureau of Aging and Adult Services
Department of Social and Health Services
Olympia, WA 98504
(206) 753-2502

West Virginia
Commission on Aging
State Capitol
Charleston, WV 25303
(304) 348-3317

Wisconsin
Department of Health and Social Services
1 West Wilson Street—Room 686
Madison, WI 53703
(608) 266-2536

Wyoming
Commission on Aging
Hathaway Building—Room 139
Cheyenne, WY 82002
(307) 777-7986

Care Management Worksheet

Agree: 1 or 2*	A—My Relative	B—Services Needed	C—Readings**	D—Resources
___	. . . really needs to get out and do something	**Socialization/Volunteering**—Programs designed to provide an opportunity to socialize with peers or to offer service without compensation	**To Serve, Not to Be Served;** What Are You? I Am Old; **Join an AARP Chapter**	Nutrition sites, senior centers, day care, friendly visitors, senior companions, YMCA/YWCA, city recreation department, Retired Senior Volunteer Program, **AARP Talent Bank**
___	. . . can do light housecleaning but needs assistance with heavy tasks	**Chore Services**—Window washing, mowing lawn, roof repair, minor housing repair		Local aging social services, area churches or synagogues, fraternal orders, youth groups, neighborhood clubs
___	. . . has some legal matters that need attention	**Legal**—Assistance with matters pertaining to law	**Essential Guide to Wills, Estates, Trusts and Death Taxes**	Legal counsels for the elderly, local bar association, Legal Aid, adult protective services, banks
___	. . . is grieving over the death of a loved one	**Bereavement Support**—Dealing with the normal grieving process	**On Being Alone: Survival Handbook for Widows**	**AARP Widowed Persons Service,** THEOS, National Association of Military Widows
___	. . . cannot drive or use public transportation and taxicabs are too expensive	**Transportation**—Special transportation for older persons		Private transportation, handicapped transportation, Red Cross, churches or synagogues, city elderly transportation service

***Indicate whether this is a primary or secondary concern by marking 1 or 2** ****AARP Sources in bold**

Agree: 1 or 2*	**A—My Relative**	**B—Services Needed**	**C—Readings****	**D—Resources**
____	. . . is unable to remain in his/her present housing	**Housing**—Special housing options are available to the elderly	**Housing Options for Older Americans; Your Home, Your Choice; Planning Your Retirement Housing; The Right Place at the Right Time**	Retirement community, public housing, foster home, intermediate care facility, nursing home, skilled nursing facility, house sharing, group homes, American Association of Homes for the Aged
____	. . . needs help with food preparation and/or housekeeping and/or laundry	**Homemaker Services**—Non-medical service to help an older person remain in the home	**A Handbook About Care in the Home;** Directory of Homemaker-Health Aide Services	Social service agencies, private homemakers, Red Cross, Visiting Nurses Association
____	. . . needs assistance with personal care (bathing, dressing, grooming, toileting)	**Home Health or Personal Care Aide**—Personal and basic health care provided by a specialist	**Healthy Questions;** Home Care	Private home health companies, Visiting Nurses Association, Red Cross, private nurses, public health nurses
____	. . . doesn't eat right	**Nutrition**—Nutritious meals provided at home or group setting	The Cookbook That Tells You How; Handbook of Nutrition, Health and Aging; **Eating for Your Health**	Home-delivered meals, Meals on Wheels, weekend meals programs, nutrition sites
____	. . . cannot be left alone during the day	**Friendly Visitors or Intermediate Care Facility**—Volunteers who visit with the elderly or a facility which provides constant supervision	Adult Day Care Annotated Bibliography	Adult day care, live-in attendant, social service agencies, foster homes

Agree: 1 or 2*	A—My Relative	B—Services Needed	C—Readings**	D—Resources
____	. . . needs special services for physical limitations and impairments	**Handicapped Services**	Developing Potentials for Handicaps; An Easier Way: Handbook for the Elderly and Handicapped; **The Gadget Book**	Disease-specific organizations, local office of physical disabilities
____	. . . has health care costs which are unbelievable	**Healthcare Cost Containment**—Reducing cost of quality healthcare	**Information on Medicare and Health Insurance**	Medicare-Social Security Office, Medicaid-Department of Human Resources, local insurance company
____	. . . is depressed/suspicious/angry all the time, just sits	**Mental Health**—Evaluation of psychological stability (also see Complete Geriatric Evaluation below)	Creative Mental Health Services for the Elderly; Aging and Mental Health	City Mental Health Department, geriatric social workers, crisis intervention unit, psychiatric hospitals, Alzheimer's Disease and Related Disorders Association
____	. . . is acting strange; could he/she be senile?	**Complete Geriatric Evaluation**—Medical psychological and social testing of older person	**The Myth of Senility: The Truth About the Brain and Aging**; The 36-Hour Day; **Coping and Caring**	Have *doctor* run evaluation of nutritional habits, health, medications and rule out possible illness. Have *mental health worker* rule out depression. Have *neurologist* run diagnostic tests. Dementia Resource Center, Alzheimer's Disease and Related Disorders Association

***Indicate whether this is a primary or secondary concern by marking 1 or 2** ****AARP Sources in bold**

Agree: 1 or 2*	A—My Relative	B—Services Needed	C—Readings**	D—Resources
———	. . . really needs 24-hour supervision even though he/she fights it	**Private Nurse Or Nursing Home**—Homes for the elderly offering 24-hour medical supervision	Family Involvement in the Nursing Home Experience; How to Select a Nursing Home; **The Right Place at the Right Time**	Private nursing organizations, local ombudsman, homes for the aged, local office on aging, hospital social services, American Association of Homes for the Aging
———	. . . has a terminal illness and wants to return home instead of dying in the hospital	**Hospice**—Medical and social services designed for terminally ill patients	**It's Your Choice: The Practical Guide to Planning a Funeral**; A Consumer Guide to Hospice Care	Visiting Nurses Association, Cancer Society, Hospice Association, local hospital social services department, local church or synagogue
———	. . . needs my assistance but lives in another area	**Long Distance Care Management**—Evaluation, coordination of services and monitoring of older persons living at a distance from caregiver	**Miles Away and Still Caring**	Local State Unit on Aging

Agree: 1 or 2*	I Sometimes Feel	B—Services Needed	C—Readings**	D—Resources
____	. . . overwhelmed; I have so many unanswered questions about aging and services for the elderly	**Information And Referral**—Method of providing knowledge of particular services and recommendations of places providing those services	**Caregiving, Helping an Aging Loved One;** Understanding Aging Parents; Caring for Your Aging Parents: A Practical Guide to Challenges and Choices	Local office on aging, area agency on aging, case manager for elderly, city information and referral
____	. . . I honestly need to share my feelings with someone who would understand	**Counseling/Support**—One-on-one consultation or meetings with other caregivers who share problems and coping skills	Support Groups for Caregivers of the Aged: A Training Manual for Facilitators; Self-Help Groups for Coping with Crises	Support group for caregivers of the elderly, pastoral counseling, city family services, most social service agencies offering counseling
____	. . . I need time for myself; caregiving is a 24-hour job	**Respite Care**—Substitute caregiver in or out of home who allows the family time away from caregiving responsibilities	Respite Care: An Emerging Family Support Service; Respite and Crisis Care	City or state aging department, respite organizations, religious groups, women's groups
____	. . . other family members are not helping enough	**Family Meeting**—Meeting of relatives to discuss responsibilities for elderly care	Aging Is a Family Affair; Family Caregiving and Dependent Elderly	Family services agencies, private therapist, case managers, social workers, family therapist
____	. . . my caregiving responsibilities are negatively affecting my work, personal life and health	**Physical Exam, Stress Management *and* Complete Medical Evaluation**—Technique designed to alleviate stress and/or increase coping skills	The Relaxation Response; Are You Tense?	Employee assistance personnel or employee counselor, office medical doctor or nurse, private therapist, stress clinics, **Caregivers in the Work Place**

***Indicate whether this is a primary or secondary concern by marking 1 or 2** ****AARP Sources in bold**

Care Management Guide Suggested Readings

Socialization/Volunteering

State Communities Aid Association. *What Are You? I Am Old.* New York: State Communities Aid Association, n.d.

Homemaker Services

National Homecaring Council. *Directory of Homemaker, Home Health-Aide Services in the United States, Puerto Rico and Virgin Islands.* New York: National Home-Caring Council, 1982.

Home Health or Personal Care Aide

National Association for Home Care. *Homecare.* Washington, D.C.: National Association for Home Care, 1984.

Nutrition

Watkin, Donald M. *Handbook of Nutrition, Health and Aging.* Park Ridge, NJ: Noyes Publications, 1983.

Zaccarelli, Herman. *The Cookbook That Tells You How: The Retirement Food and Nutrition Manual.* Boston: Cahners Publishing Company, 1972.

Adult Day Care

National Council on the Aging. *Adult Daycare Annotated Bibliography.* Washington, D.C.: National Council on the Aging, 1982.

Handicapped Services

Russell, Martha and Bantarri, Marlene, eds. *Developing Potentials for Handicaps.* Minneapolis: The Minnesota Home Economics Association, 1978.

Sargent, Jean. *An Easier Way: Handbook for the Elderly and Handicapped.* Ames, Iowa: Iowa State University Press, 1981.

Mental Health

Butler, Robert and Lewis, Myrna. *Aging and Mental Health.* St. Louis: The C. V. Mosby Co., 1983.

Glasscote, R. and Gudeman, J. *Creative Mental Health Services for the Elderly.* Washington, DC: The Joint Information Service, 1977.

Alzheimer's Disease

Mace, Nancy. *The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementia Illnesses and Memory Loss in Later Life.* Baltimore, Johns Hopkins University Press, 1981.

Nursing Homes

McMeekin, Betty. *Family Involvement in the Nursing Home Experience.* Denton, Texas: North Texas State University Press, n.d.

U.S. Dept. of Health and Human Services. *How to Select a Nursing Home.* Baltimore: Healthcare Financing Administration, 1980.

Hospice Care

Coleman, Barbara. *A Consumer Guide to Hospice Care.* Washington, DC: National Consumers League, 1985.

Caregiving

Kenny, James and Spicer, S. *Caring For Your Aging Parents: A Practical Guide to the Challenges, the Choices.* Cincinnati: St. Anthony Messenger Press, 1984.

Lester, Andrew and Judith. *Understanding Aging Parents,* Philadelphia: The Westminister Press, 1980.

Support Groups

Liebermann, Morton. *Self-Help Groups for Coping with Crisis: Origins, Members Processes and Impact.* San Francisco: Jassey-Bass, 1979.

Rzetelney, Harriet and Mellor, Joanna. *Support Groups for Caregivers of the Aged:* A Training Manual for Facilitators. New York: Community Services Society, 1982.

Respite Care

Meltzer, Judith. *Respite Care: An Emerging Family Support Service.* Washington, DC: The Center for Study of Social Policy, 1982.

Project SHARE. *Human Services Bibliography Services: Respite and Crisis Care,* Rockville, MD: Project SHARE, 1981.

Family

Begmagin, V., and Hirn, K. *Aging Is a Family Affair.* New York: Thomas Y. Crowell, 1979.

Springer, Dianne and Brabaker, Timothy. *Family Caregiving and Dependent Elderly.* Beverly Hills: Sage Publications, Inc., 1984.

Stress Management

Benhamin, Ben. *Are You Tense?* New York: Pantheon Books, 1981.

Klipper, Miriam. *The Relaxation Response.* New York: Avon Books, 1975.

Free AARP Resources

Title	Order Number
To Serve, Not To Be Served	D12028
Join an AARP Chapter	C383
On Being Alone	D150
Housing Options for Older Americans	D12063
Your Home Your Choice	D12143
The Right Place at the Right Time	D12381
A Handbook About Care in the Home	D955
Healthy Questions	D12194
Eating for Your Health	D12164
Information on Medicare and Health Insurance	C38
Miles Away and Still Caring	D12748
Coping and Caring	D12441

To order free AARP resources, send a request listing the title and order number to AARP Fulfillment Section at:

- 1909 K Street, N.W., Washington, DC 20049—for multiple copies or for one copy of more than one booklet.

AARP Books Cited in Care Management Worksheet

To order any of these books, write: AARP Books, Scott, Foresman and Company, 1865 Miner Street, Des Plaines, IL 60016. Add $1.75 per total order (not per book) for shipping and handling.

Caregiving. $13.95 (AARP members $9.95)

Essential Guide to Wills, Estates, Trusts and Death Taxes. $12.95 (AARP members $9.45)

It's Your Choice: A Practical Guide to Planning a Funeral. $4.95 (AARP members $3.00)

Planning Your Retirement Housing. $8.95 (AARP members $6.50)

Survival Handbook for Widows. $5.95 (AARP members $4.35)

The Myth of Senility. $14.95 (AARP members $10.85)

The Gadget Book. $10.95 (AARP members $7.95)

AARP

American Association
of Retired Persons
1909 K Street, NW
Washington, DC 20049

A Publication
of the Social Outreach
and Support Section
Program Department

Funded by the Women's Initiative

PF3924/2(1187)•12935

AARP

Caregivers Fair

There's
a Way
to Share
the Care.

Caregivers Fair

CAREGIVERS IN THE WORK PLACE

Written By: Angela Heath

A Publication of the Social Outreach
and Support Section
Program Department
AARP
Funded by the Women's Initiative

© 1987 by American Association of Retired Persons.
Reprinting with permission only.

Acknowledgments

We extend appreciation to the following companies which tested the program materials: The Aerospace Corporation, Drew University, Florida Power and Light, Ft. Logan Mental Health Center, Indian River Memorial Hospital, McNeil Consumer Products Company, Mutual of New York, and The Travelers Companies.

AARP is a nonprofit, nonpartisan membership organization founded in 1958 by Dr. Ethel Percy Andrus, a retired educator. Membership, which exceeds 26 million, is open to anyone 50 years of age or older. Headquartered in Washington, DC, AARP offers a wide range of membership benefits, legislative representation at federal and state levels, and educational and community service programs carried out through a national network of volunteers and local chapters. The Association is dedicated to helping older Americans achieve lives of independence, dignity and purpose. This publication was funded by the AARP Women's Initiative which addresses the special needs of mid-life and older women, many of whom are the principal caregivers of older family members.

Families provide the majority of assistance needed by older people. Females, however, predominate as providers of direct services. And today, the majority of females (51 percent) work outside the home. The problems associated with locating supportive services for older family members are compounded when one has the added responsibility of employment.

Caregivers often feel overwhelmed when they explore the maze of services available for the elderly. Caregivers usually seek services during a crisis situation and seldom have had any prior experience identifying appropriate organizations. Since senior service organizations operate during normal business hours, your employees may be forced to take time away from work to make telephone calls or visits to organizations.

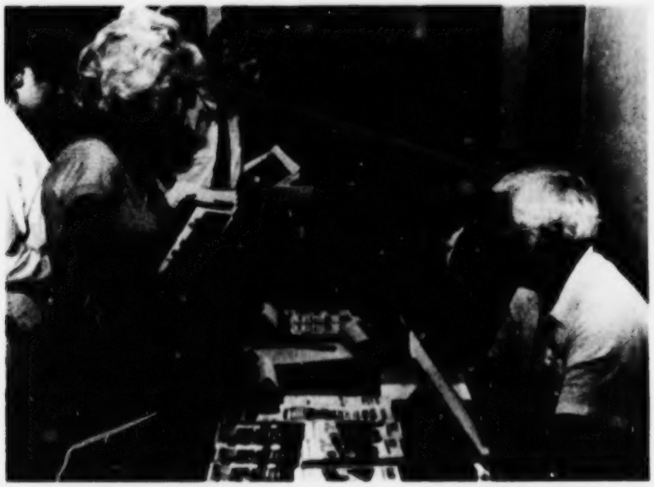
The Caregivers Fair is a lunch time information program. Representatives of organizations providing services to the elderly are invited to distribute literature and answer questions at the worksite. The Fair allows employees to gather information about community resources without taking time away from work. The Caregivers Fair idea was conceptualized by The Travelers Companies which held its first Fair on April 30, 1986. AARP developed this manual based on The Travelers' experience and those of six other companies which tested the Caregivers Fair. These companies agreed that the project is an extremely effective way of assisting their employee caregivers. In addition, the employees were grateful to have such diverse, abundant information on community services in a central location.

The Planning Guide for the Caregivers Fair provides step-by-step guidelines for organizing and conducting a successful fair.

The objectives of the Caregivers Fair are to:

- Provide an opportunity for employees to familiarize themselves with community groups offering services to the elderly;
- Provide an opportunity for employees to develop personal contacts with service providers without taking time away from work; and
- Facilitate positive relationships among community groups and your company.

Before organizing for the Caregivers Fair, you will need to have your company's approval. Also, you will need to secure commitments from the departments that will be involved in organizing the Caregivers Fair. Review page 3, Steps in Organizing Your Caregivers Fair, and contact appropriate departments within your company. The approval process may take longer than you would like as many corporate decision makers may not be familiar with caregiver issues and need background information on the subject. You may want to use the results from your company's caregivers survey to support your desire to host a fair. If your company did not survey employees, you



Caregivers Fair held by Florida Power and Light Company.

can use the information found in the Planning Guide for the Caregivers Survey to support your request to sponsor the Fair.

It is best to secure necessary financial resources before the planning begins. The amount of money needed to conduct a Fair depends on your plans. The pilot companies testing the Fair concept had operating budgets ranging from $0 to $2,500. The company without a budget had everything donated and the company with the largest budget had professionally designed posters and a luncheon for community representatives. A sample budget has not been provided as each company will develop the Fair according to its particular method of operation. Items to be considered in planning a budget may include the following:

- Posters;
- Banner;
- Duplicating;
- Flyers;
- Refreshments for employees;
- Lunches for community representatives;
- Tablecloths; and
- Tote bags.

Organizing Process

The first step in organizing the Fair is to form a work group. Work group members may include representatives from the personnel department, the medical department, the employee assistance program, members of the training department, and employees who are actually caring for older relatives. The first meeting of the work group should take place at least ten weeks before the anticipated Caregivers Fair. During this initial meeting, discussion should include the following items. These tasks are presented in the order of time needed for planning.

- Choosing a date and location;
- Ordering AARP materials;
- Locating tote bags;
- Identifying and contacting agencies to participate;
- Planning publicity;
- Ordering refreshments;
- Making signs, banner and name tags;
- Setting up site location;
- Distributing reaction forms;
- Sending thank you letters to participating individuals and organizations.

Following is a list of organizing steps and a suggested timetable. Each of these tasks is described in the following pages.

Steps in Organizing Your Caregivers Fair

Organizing Task	Time Frame
1. Form a planning committee ■ Decide on date and secure location ■ Assign various tasks	Ten weeks before anticipated Caregivers Fair
2. Order AARP resource materials and contact AARP Area Office	Seven to nine weeks before Fair
3. Invite organizations to participate ■ Telephone ■ Letter	Six to eight weeks before Fair
4. Start publicity ■ Contact media department ■ Flyers ■ Announcement in employee and retiree newsletters ■ Contact local paper, radio and TV stations	Six to eight weeks before Fair
5. Follow-up calls to agencies that did not confirm attendance	Four to six weeks before Fair
6. Conduct final planning committee meeting ■ Update on assigned tasks ■ Assign person to refreshments ■ Assign person to resource table ■ Assign person to assist organizations	Three weeks before Fair
7. Order refreshments (optional)	Three weeks before Fair
8. Make signs, banner, and name tags	Three weeks before Fair
9. Set up location for Fair ■ Appropriate number of tables and chairs ■ Post signs and banner ■ Set up resource table ■ Set up refreshment table (optional) ■ Have tote bags, name tags, reaction forms, paper, pens, masking tape, and extra name tags available ■ Have a hand truck available to carry handouts from parking area	One day before or morning of Fair
10. Send thank-you letters to participating organizations and individuals	One week after Fair

Choosing a Date and Location for the Fair

In choosing a date and location, the following suggestions will be helpful:

- Allow at least ten weeks for planning the Fair.
- In selecting a date, avoid conflicting with other company events.
- Select a location that can accommodate table space for at least 18 community organizations. Allow at least three to four square feet for each agency to display materials. If space allows, you may wish to invite more organizations to participate.
- Select a location which is familiar to employees, preferably one which employees walk through during lunchtime. (Some examples of space to use include a large conference room, an auditorium or a large employee lounge.)

Ordering AARP Resource Materials

AARP has resource materials which provide caregivers with needed information. Following is a list of suggested resources, the stock #, and ordering information. Order enough copies of each resource, seven to nine weeks in advance, to accommodate five percent of your employee population.

AARP Caregivers Fair Resource Materials

Title	Stock #	Free Limit	Bulk Quantity & Price After Free Limit
AARP Books catalog—A catalog of current AARP books.	D12088	Up to 100 per request	
All About AARP—A brochure describing AARP's activities and services.	D12471	Up to 100 per request	
Checklist of Concerns/Resources for Caregivers—A checklist which helps caregivers identify their needs and resources.	D12895	Up to 50 per request	$1.00 per 50 copies
Coping & Caring: Living with Alzheimer's Disease—A booklet for caregivers of Alzheimer's Disease patients.	D12441	Up to 50 per request	$11.50 per 50 copies
A Handbook About Care in the Home—A booklet explaining in-home services for the elderly.	D955	Up to 50 per request	$15.00 per 50 copies
Housing Options for Older Persons—A booklet outlining various housing choices.	D12063	Up to 50 per request	$21.50 per 50 copies
Making Wise Decisions for Long Term Care—An overview of long term care services, providers and financing.	D12435	Up to 50 per request	$4.00 per 50 copies

AARP Caregivers Fair Resource Materials (continued)

Information on Medicare and Health Insurance for Older People—A booklet providing facts on Medicare and Medicare Supplemental Insurance.	LC38	Up to 100 per request	For larger bulk quantities write to: Barbara Pierce AARP Insurance Dept. 1909 K St., NW Washington, DC 20049
Miles Away and Still Caring—A booklet for persons with aging relatives living at a distance.	D12748	Up to 50 per request	$15.00 per 50 copies
The Right Place at the Right Time—A guide to long-term care options.	D12381	Up to 50 per request	$21.00 per 50 copies

To *order free publications* (within limits noted), requests should be sent on a postcard to: AARP Fulfillment, 1909 K Street NW, Washington, DC 20049.

To *purchase bulk materials* (unless noted otherwise), checks (made payable to AARP) or purchase orders noting selections and quantities should be sent to: AARP, P.O. Box 19269, Station PUB, Washington, DC 20036.

You will also need to contact the AARP Area Office which covers your state to help you identify organizations to invite to the Fair and to locate volunteers in your area to distribute AARP resources during the Fair. To the right is a list of AARP Area Offices.

AARP Area Offices

Area	Territory	Address
I	CT, ME, MA, NH, RI, VT,	823 Park Square Building Boston, MA 02116 (617) 426-1185
II	DE, NY, NJ	28th Floor 919 Third Avenue New York, NY 10022 (212) 758-1411
	PA	Pennsylvania State Office Suite 502 225 Market Street Harrisburg, PA 17101 (717) 238-2277
III	KY, MD, NC, VA, DC, WV	2nd Floor 1680 Duke Street Alexandria, VA 22314 (703) 739-9220
IV	AL, GA, MS, SC, TN, PR, VI	Cambridge Building Suite 233 2965 Flowers Road South Atlanta, GA 30341 (404) 458-1491
	FL	Florida State Office 6580 34th Street, North Pinellas Park, FL 33565 (813) 522-9461

Identifying Organizations to Participate

Identifying organizations to participate in the Caregivers Fair is critical for hosting a successful, informative program. It is important to invite organizations which are representative of a variety of services available in communities where your employees reside. (See

AARP Area Offices (continued)

V	IL, IN, MI, OH, WI	Suite 113 2720 Des Plaines Avenue Des Plaines, IL 60018 (312) 298-2852
VI	IA, KS, MN, MO, NE, ND, SD	Suite 1401 1125 Grand Avenue Kansas City, MO 64101 (816) 842-3959
VII	AR, LA, NM, OK, TX	700 University Tower 6440 N. Central Expressway Dallas, TX 75206 (214) 369-9206
VIII	CO, MT, UT, WY	709 Kearns Building 136 South Main Street Salt Lake City, UT 84101 (801) 328-0691/92
IX	AZ, CA, HI, NV	Suite 422 4201 Long Beach Boulevard Long Beach, CA 90807 (213) 427-9611
X	AK, ID, OR, WA	Suite 400 9750 Third Avenue, N.E. Seattle, WA 98115 (206) 526-7918

Appendix A for a generic listing of the types of organizations which should be invited to the Fair.)

Your State Unit on Aging, Area Agency on Aging, AARP Area Office, local city or county department on aging, and the United Way can help you identify organizations to invite to the Fair. Telephone the organizations you wish to invite six to eight weeks in advance. A written invitation providing details should follow immediately. Provide a map to your location. (Appendix B contains a sample invitation to be reproduced on company letterhead.) Two weeks after the invitations are mailed, telephone those organizations which have not responded to confirm attendance. One week after the Fair, send a thank-you letter to participants. (See Appendix C and D.)

Publicity—Begin publicizing the Caregivers Fair six to eight weeks in advance. Publicity resources include flyers, posters, articles in employee newsletters, or any other method of in-house communication used by your company. Be aware of deadline dates for publications. (See Appendix E for Guidelines for Writing a Press Release.)

The Fair should attract media coverage as it is a unique, innovative idea. Your company media department can assist you with arranging advance radio and TV interviews and contacting local newspapers and television personnel for media coverage the day of the Fair.

Refreshments—Refreshments are optional. You may, however, want to provide coffee and soft drinks for employees and encourage them to bring a bag lunch. You may wish to provide a luncheon for the community representatives either before or after the Fair. Arrangements for refreshments should be made three weeks before the Fair.

Signs and Name Tags—Small signs should be placed on the tables to designate the space allocated to each organization. Each organization representative should be provided with a name tag listing his or her name and organization. You may also want to have a large banner designed to drape across the entrance to the Caregivers Fair or to serve as a backdrop.

Signs, name tags, and the banner should be completed by your art department or a private contractor three weeks before the Fair.

Arrangement of Site Location—The space used for the Fair should have the appropriate number of tables and chairs to accommodate agency representatives. Each organization should have at least three to four square feet of table space designated by a small sign. The banner may be placed at the entrance to the Fair or serve as a backdrop. Space tables so that participants may walk through the area freely (See Appendix F.)

A resource table should be placed near an extrance to display any books or articles you may wish to exhibit or to distribute and collect reaction forms. (See Appendix G.) The resource table may also be used to distribute plastic tote bags (so that employees can easily carry handout materials).

Set up the refreshment table away from the mainstream of traffic. Work group members should be stationed at the refreshment table and the resource table throughout the Fair.

The morning of the Fair, paper, pens, masking tape, and extra name tags should be available. Also provisions should be made to assist community representatives with handout material. Carts or hand trucks should be available.

The site should be inspected the day before or the morning of the Fair for appropriate set up.

Reaction Forms—Employees should be encouraged to complete the reaction form prior to leaving the Fair. If time does not permit, they should be encouraged to return the form through interoffice mail. However, a better response rate will be obtained if they complete the form before leaving. The forms provide an excellent means of obtaining feedback from employees about the usefulness of the Fair. They can also serve as a guide for future planning. (See Appendix G.)

The Caregivers Fair has been a very positive experience for companies participating. Not only does the fair provide caregiving employees with needed information, it also helps prepare other employees for possible future problems. In addition, companies hosting the fair receive favorable media coverage and develop linkages with community organizations.

The Travelers held a Caregiving Fair on April 30, 1986 for its employees and retirees in the Hartford area. The fair gathered representatives from more than 20 Greater Hartford agencies to answer questions and provide information on adult care services available in the community. Topics included home health care, legal and financial help, coping with stress and staying healthy.

Community Organizations to Invite to Caregivers Fair

Following is a generic list of organizations to invite to the Caregivers Fair. The general categories appear in bold type. You will want to locate an organization that is representative of each of the services listed under each general category, as space permits.

1. **Home Care**

- In-Home Meals (call Area Agency on Aging to identify various in-home meals programs)
- Respite Care (call local Department on Aging to locate service)
- Home Health Care (call Visiting Nurses Association and a private home health care agency)
- Homemaker Service (call Area Agency on Aging to locate public and private services)
- Hospice (call local Department on Aging)

2. **General Information**

- State Unit on Aging
- Area Agency on Aging
- Local Department on Aging

3. **Legal and Financial**

- Social Security Administration
- Legal Services for the Elderly (call local Department on Aging)
- Medicaid (call local Human Services Department)

4. **AARP**

- AARP Area Office (For local volunteers to distribute AARP resources and for assistance in locating other organizations to invite)

5. **Support and Counseling Services**

- Employee Assistance Program
- Caregivers Support Group (call local Department on Aging or Area Agency on Aging to locate service)
- Alzheimer's Disease and Related Disorders Association

6. **Housing**

- Nursing Home (call local Department on Aging to bring a list of all homes in the area)
- Senior Citizen Housing (call local Department of Housing and Urban Development)
- Retirement Community (call local Department on Aging or American Association of Homes for the Aged)

7. **Recreation**

- Senior Center (have a representative of your local Department on Aging distribute information on all senior centers or select one or two senior centers)
- Adult Day Care (same as Senior Center)

8. **Transportation**

(call local Department on Aging)

Sample Invitation—Caregivers Fair

Dear ____________:

Research documents that family members provide 80 percent of the care needed by older relatives. It is also common knowledge that employees faced with stressful personal problems, such as caregiving, need support at the work place.

(Your Company) is attempting to support our employees who are concerned about or caring for older relatives. As a part of our efforts, *(your company)* will sponsor a Caregivers Fair on *(date)* from *(time frame)*. The Fair is designed to offer our employees information about organizations such as yours that serve the elderly of our community.

We are asking that your organization be represented at the Fair to distribute program literature and answer questions. We feel your input would be very valuable.

Participating organizations should meet at *(specific directions)* by *(time)*. The enclosed map is provided for your convenience. You will be allocated a *(number)* foot display area for handout materials. You may also want to bring promotional items to give to employees such as plastic tote bags, pens, pencils, etc. Your space will be marked clearly by a sign with your organization's name on it. We will supply paper, pens, masking tape, beverages, and a hand cart to carry your handouts from the parking area.

Please complete the bottom portion of this letter and return to *(person)* at *(address)* by *(date, two weeks hence)*. If you have any questions, feel free to call me at *(telephone #)*.

Sincerely,

(Your Name)
(Your Title)

Please return this portion.

____
Names of Representatives Attending Fair

____

____
Organization

____
Address

____
Phone

Sample Thank-You Letter for Participating Organizations

Dear ______________:

Thank you for your participation in *(your company)* Caregivers Fair. Our employees found your contributions to be very valuable.

By participating in the Fair, your organization reaffirmed its commitment of service to the elderly. We are proud to know that organizations such as yours are serving our community.

We would appreciate speaking with you concerning any comments or suggestions you may have about the Fair. The Fair was such a success that we may want to repeat it at some point.

Sincerely,

(Your Name)
(Title)

Sample Thank-You Letter to Participating Individuals

Dear _____________:

Thank you for your contributions to the *(your company)* Caregivers Fair. Your input contributed greatly to the overall success of the Fair.

Since our employees felt the Fair was very beneficial, we may want to repeat it at some point. We hope we can rely on your expertise at that time.

Again, thank you.

Sincerely,

(Your Name)
(Your Title)

Guidelines for Writing a Press Release Announcing the Caregivers Fair

1. **Emphasize statistics.**

- 80 percent of care needed by aged relatives is provided by family members.
- Greatest growth in population is among people aged 85 years and older, the frail elderly.
- Due to decreased fertility of the American population, increased mobility, and more women entering the job market, fewer family members are available to provide assistance to aged relatives.
- Employees faced with stressful personal problems, such as caregiving, need support at the work site in order to maintain productivity.

2. **Define caregiver.**

An employee or spouse of an employee who is concerned about or caring for an aged relative.

3. **Outline components of project.** (describe components your company will offer and a time line).

- Caregivers survey—a confidential survey of employees to assess the prevalence of caregiving responsibilities among workers.
- Caregivers Fair—an information Fair where organizations which provide services for the elderly will distribute literature and answer questions during lunch time.
  - —emphasize that a variety of service providers will attend
  - —emphasize the opportunity to develop personal contacts with service providers.
- Caregivers Educational Seminars—a series of lunch time educational sessions for employees concerned about or caring for older relatives (list topics your company will offer).
- Care Management Guide—a guide which the employee counselor will use to help employees cope with caregiving issues.

4. **Give attribution to AARP for the *Caregivers in the Work Place* materials.**

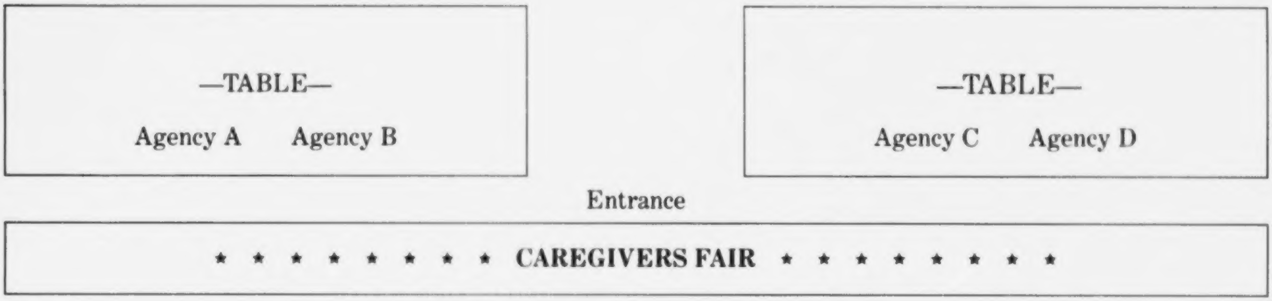
5. **Emphasize that the Caregivers' Project is one of the many ways in which your company shows concern for its employees.**

6. **Indicate whom to contact for further information.**

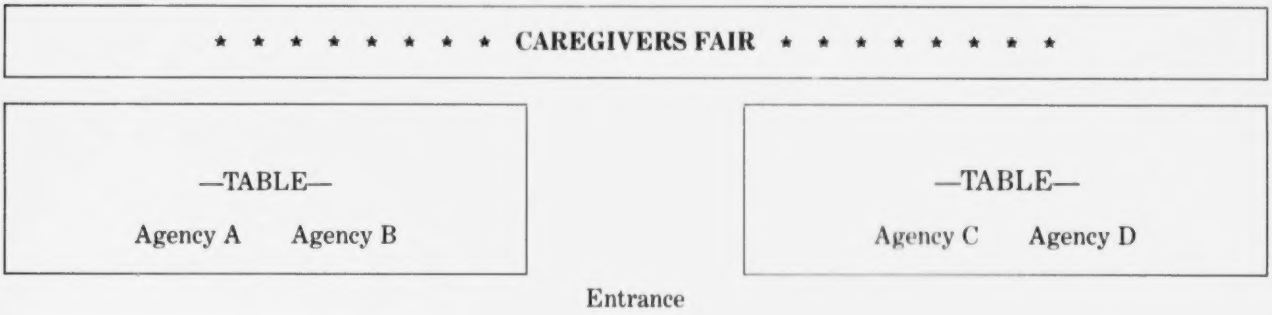
Appendix F

Site Arrangement

Banner at Fair Entrance



Banner as a Back Drop



Reaction Form—Caregivers Fair

1. How did you find out about the Caregivers Fair?

☐ Flyer ☐ Employee newsletter ☐ Poster
☐ Co-worker ☐ Employee Assistance Program ☐ Other (specify)

2. How would you rate the fair?

☐ Excellent ☐ Fair ☐ Good ☐ Poor

3. Did you learn more about community resources as a result of the Fair?

☐ Learned a lot ☐ Learned a little ☐ Learned nothing

4. Which organizations were most helpful in fulfilling your needs?

____

____

____

5. What information should have been available that was not available?

____

____

____

6. Comments:________________________________

____

____

Return via interoffice *mail to:*
*(name)*________________________________
*(department)*____________________________

AARP

American Association
of Retired Persons
1909 K Street, NW
Washington, DC 20049

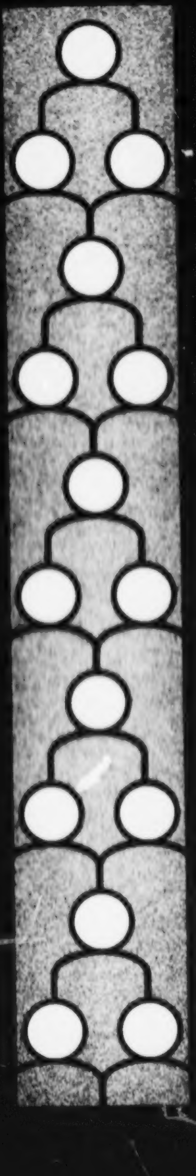
A Publication
of the Social Outreach
and Support Section
Program Department

Funded by the Women's Initiative

PF3924 3(1187)•D12936

AARP

Educational Seminars Planning Guide



There's a Way to Share the Care.

Educational Seminars Planning Guide

CAREGIVERS
IN THE WORK PLACE

Written By: Angela Heath

A Publication of the Social Outreach
and Support Section
Program Department
AARP
Funded by the Women's Initiative

© 1987 by American Association of Retired Persons.
Reprinting with permission only.

Acknowledgments
We extend appreciation to the following companies which tested the program materials: The Aerospace Corporation, Drew University, Florida Power and Light, Ft. Logan Mental Health Center, Indian River Memorial Hospital, McNeil Consumer Products Company, Mutual of New York, and The Travelers Companies.

AARP is a nonprofit, nonpartisan membership organization founded in 1958 by Dr. Ethel Percy Andrus, a retired educator. Membership, which exceeds 26 million, is open to anyone 50 years of age or older. Headquartered in Washington, DC, AARP offers a wide range of membership benefits, legislative representation at federal and state levels, and educational and community service programs carried out through a national network of volunteers and local chapters. The Association is dedicated to helping older Americans achieve lives of independence, dignity and purpose. This publication was funded by the AARP Women's Initiative which addresses the special needs of mid-life and older women, many of whom are the principal caregivers of older family members.

Employed persons faced with caring for older relatives frequently have many unanswered questions. What changes can I expect as my relative grows older? How can I balance caregiving and job responsibilities? What types of support are available? When is nursing home care placement necessary?

The Caregivers Educational Seminars provide employees with answers to many of their questions. Equipped with this knowledge, employees may experience reduced stress and may consequently be better able to concentrate at work.

The Planning Guide for the Caregivers Educational Seminars provides guidelines for organizing and implementing successful small and large group seminars. Companies offering educational seminars will provide employees with:

- Caregiver training tailored to their needs;
- Practical information on how to care for an elderly relative in a more efficient and effective manner;
- Ways to effectively cope with caregiving while simultaneously maintaining productivity at work; and
- Information needed for future planning.

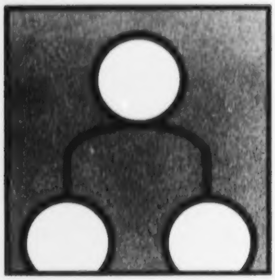
The Trainer's Manual contains the content for ten one-hour educational seminars which can be offered at lunch time. The registration form is designed so that employers can offer only those sessions which will be most beneficial to employees.

The ten topics covered in the *Caregivers in the Work Place* Trainer's Manual are:

- What Changes Can I Expect as My Relative Grows Older?—explores how normal aging affects both caregivers and their older relatives;
- Caregivers Have Feelings, Too—examines the conflicting emotions caregivers may experience;
- Stress—identifies sources of caregiver stress;
- Stress and Time Management—presents time and stress management techniques for caregivers;
- Family Decision-making—promotes family communication and advanced planning;
- Informal and Formal Support—identifies support systems to assist with caregiving;
- Coping with Mental Changes in an Older Relative—provides hints for coping with an elderly person experiencing mental decline;
- Tips for Caregivers—Personal Care—teaches skills in bathing, toileting, and changing positions;
- Housing and Independence—discusses housing options in terms of an older person's abilities; and
- Legal Considerations—provides information on wills, power of attorney, representative payee, conservatorship, and trusts.

Organizing Process

Before the actual organizing process begins, you will want to target your audience and decide whether small group sessions (20 or fewer people) or large group sessions (21 or more people) would be most appropriate. AARP recommends small group training sessions because employees will benefit most in this setting. If your employees express a great deal of interest in the educational seminars, you may wish to offer small group sessions two or three times a year.



Participants may include employees, their families, and retirees who:

- Expect to provide assistance to a relative at some time;
- Presently provide help to an older relative or spouse who lives in the community;
- Care for aging relatives living with them;
- Have older relatives living in another community or state; or
- Have a spouse or relative living in a nursing home or care facility.

Planning for the seminars should start eight weeks prior to the first session. Following is a list of organizing steps and a suggested timetable. Each of these tasks is described in the following pages.

Steps in Organizing Caregivers Educational Seminars

Organizing Task	Time Frame
1. Select time, dates, location ■ Decide on number of sessions to be offered	Eight weeks before seminars begin
2. Registration	Begin six to eight weeks in advance and continue until desired number of participants are registered
3. Start publicity campaign ■ Notify media department ■ Flyers ■ Announcement in company newsletter ■ Announcement to local media	Six to eight weeks before seminars begin
4. Select trainers and confirm by telephone	Six weeks before seminars begin
5. Send trainer confirmation letter, copy of training materials and trainer's evaluation form ■ Make two copies of seminar content and handouts (See Step 7—You may want to combine copying steps) ■ Send one to trainer and keep the other	Four weeks before seminars begin
6. Send letters to employees who registered ■ Acceptance ■ Waiting list	Three weeks before seminars begin
7. Copy handouts, evaluations	Two weeks before seminars begin
8. Verify trainer's attendance (*telephone*)	Two weeks before seminars begin

9. Secure needed training materials ■ Flip chart or blackboard ■ Markers or chalk ■ Folders for participants' handouts ■ Microphones (large groups only) ■ Slide projector, slide presentation and screen for Family Decision-making session	Two weeks before seminars begin
10. Arrange site location ■ Resource table ■ Appropriate number of chairs ■ Microphones (for large groups) ■ Training materials	Day before, or morning of seminar
11. Send thank-you letters ■ Trainers ■ Others	One week after last seminar

Selecting Time, Dates and Location for Seminars

Determine the number of seminars your company will offer. Keep the following points in mind when scheduling seminars:

- Select a lunch hour to offer the seminars so that work schedules are not disrupted.
- Attempt to offer seminars at the same time and location (example: every Tuesday from 12:00 noon to 1:00 p.m. in the board room *or* every second and fourth Monday from 1:00 p.m. to 2:00 p.m. in the conference room).
- Avoid conflicting with other company events.
- Select a location which is familiar to employees and easy to get to.
- Session 4, Stress and Time Management, should *always* follow Session 3, Stress.
- Schedule sessions no more than twice a week and no less than twice a month.
- Avoid scheduling seminars after work hours as many employees would not be able to attend.

Registration—Begin registering for the training program six to eight weeks in advance. Registration should be accepted on a first come, first served basis. Appendix A contains a sample registration form. Decide on the number of participants you will accept and place additional registrants on a waiting list. It is strongly recommended that companies follow the small group format (20 participants or fewer) to assure that participants gain maximum benefit.

Registration may be conducted several different ways. You may begin registration during the Caregivers Fair (See Planning Guide for Caregivers Fair) by distributing registration forms. You also may attach a registration form to the flyer or memo sent to each employee announcing the training seminars. And you can suggest that interested employees call to have a registration form sent to them.

The registration form allows employees to express their needs in terms of sessions to be offered. By reviewing the registration forms, sessions of greatest interest to employees can be offered.

Publicity—Publicity efforts for the training sessions also start six to eight weeks in advance. Contact your media or public relations department to get assistance. Publicity can be closely tied with registration as the registration form may be attached to an in-house publicity resource. As the Caregivers Training is an innovative idea, you should have no problem soliciting media coverage. You will want to arrange radio and television interviews. Contact local newspaper and television personnel to get coverage during the first seminar to get added community service recognition.

In-house publicity resources include flyers, memos, articles in the employee newsletter, and any other method of communication used by your company. Be aware of deadline dates. (See Appendix B—Guidelines for Writing a Press Release)

Select Trainers—Potential trainers should be telephoned six weeks before the training starts. The training package is designed so that a person without expertise in gerontology can conduct successfully all but *two* sessions. In-house candidates for trainers include an employee assistance counselor, a training officer or a member of the personnel or medical departments. Session 8 (Tips for Caregivers) and Session 10 (Legal Considerations) should be conducted by professionals from the community.

If you decide to use outside trainers for the other sessions, refer to Appendix C and contact a trainer who has the characteristics listed. Also, Appendix D suggests local persons who could be potential trainers. If several trainers are selected, be careful when coordinating dates and topics.

Send Trainer Confirmation Letter, Copy of Training Materials, and Evaluation—Four weeks before the sessions begin, send a confirmation letter, a copy of the appropriate chapter from the Trainer's Manual, along with one copy of corresponding handouts for the session to be presented, and the trainers' evaluation form. Appendix E contains a sample confirmation letter for trainers and the trainers evaluation form is contained in Appendix F.

Letters to Employees Who Registered—Three weeks prior to the beginning of the seminars, notify employees of their status in regard to the training. Appendixes G and H contain a sample letter to employees who will be attending the seminars and one to employees who have been placed on a waiting list. Send any additional information or changes at this time.

If your company has a long waiting list for the seminars, and it is impossible to repeat them, you may want to offer large group seminars. You can also refer employees to your employee counselor who could use the Care Management Guide during counseling sessions. If you do not have an employee counselor, you can distribute a copy of the Care Management Worksheet found in the Care Management Guide along with instructions. (See Care Management Guide.)

Copy Handouts and Evaluations—Copy the appropriate number of handouts and evaluations needed for each session two weeks in advance. Keep each session's materials separately and file until needed. Appendix I contains a sample participant evaluation form.

Verify Trainers Attendance—Telephone trainers two weeks before the seminars are scheduled to verify their commitments to attend. Also find out if they will need any equipment. (Such as a slide tape projector, video player, etc.)

Secure Needed Training Materials—Two weeks prior to the training seminars, secure the following materials:

- Flip chart or blackboard;
- Markers or chalk;
- Folders for handouts;
- Microphones—(For large groups only) one for trainer and one for participants;
- Slide projector, screen and order slide show for Family Decision-making Session; and
- Other materials trainer requests.

The slide show, *Best Wishes, Edith and Henry* contains 80 color slides and an 18-minute audio cassette which stresses the value of honest family communications. It can be purchased for $51.00 or rented for $10.00 from:
Leanna Ott
Extension Service, Home Economics
Milam 161
Oregon State University
Corvallis, OR 97331-5106
503/754-3211

Arrange Site—The space used for the training seminars should be inspected the day before or the morning the session is scheduled. Check to make sure that all training materials are available.

- Small group arrangements (20 or fewer people) Arrange the appropriate number of seats in a circle around a table with the trainer's seat as a part of the circle. The seating arrangement will facilitate communication and the table will allow participants to take notes comfortably. The flipchart and markers should be placed off to the side of the circle. (You can also use a blackboard.) Place resource materials in the center of the table or in the back of the room on a separate table.
- Large group arrangements (21 or more people) Large groups should convene in a classroom type setting with the appropriate number of seats. The trainer should use a microphone and speak from an elevated platform or stage. A microphone should also be placed in the audience so that participants can be heard when asking questions. Test the microphones in advance. Place a resource table in the front or back of the room.

Thank-You Letters—One week after the last seminar mail thank-you letters to trainers and others who contributed to the program's success. Appendix J contains a sample thank-you letter.

Caregivers in the Work Place

(An Educational Series for Employees Concerned
About or Caring for Older Relatives)

Registration Form

Name: ______________________________

Work Telephone Number: ______________________________

Please rank the following topics according to your interest with one (1) being of most interest to you and ten (10) being of least interest to you. We will use your choices to determine which sessions to offer.

______ What Changes Can I Expect as My Relative Grows Older? (examines normal age-related changes and concerns)

______ Caregivers Have Feelings, Too (explores conflicting emotional reactions caregivers may experience)

______ Stress (identifies sources of stress and caregiver burnout)

______ Stress and Time Management (explores time and stress management techniques)

______ Coping with Mental Changes in an Older Relative (discusses senility and how to cope with mental decline)

______ Family Decision-making (provides insight for open family communication and advanced planning)

______ Housing and Independence (discusses the older person's abilities in terms of housing selection)

______ Tips for Caregivers: Personal Care (tips on bathing, toileting, and changing positions).

______ Informal and Formal Support (identifies various supports for caregivers)

______ Legal Considerations (discusses legal matters of importance to caregivers)

Please return by ______________ to:

____

____

____

____

Guidelines for Writing a Press Release Announcing the Caregivers Educational Seminars

1. Emphasize statistics.

- 80 percent of care needed by aged persons is provided by family members.
- Greatest growth in population is among persons 85 years of age and older, the frail elderly.
- Due to a number of reasons including increased mobility, more women entering the job market, and decreased fertility of the American population, fewer family members are available to provide assistance to aged relatives.
- Employees faced with caregiving responsibilities need support at the work site to maintain high levels of productivity.
- If available, emphasize statistics from your company's caregivers survey.

2. Define caregiver.

An employee or spouse of an employee who is concerned about or caring for a relative who is over 50 years of age.

3. Outline the sessions your company will offer.

- Include a one sentence description of each session.
- List the date, time, and location of each session.

4. Give attribution to AARP for the *Caregivers in the Work Place* materials.

5. Emphasize that the Caregivers Educational Seminars are one of the many ways in which your company shows concern for its employees.

6. Indicate the person to contact for further information.

Selecting Trainers

In selecting trainers, look for the following characteristics:

- Knowledge of the topic;
- Experience in working with the elderly and their families;
- Public speaking and training skills;
- Experience in group process;
- Responsiveness to audience needs;
- Sensitivity; and
- Flexibility.

Trainers will be responsible for:

- Presenting training content in a "conversational" manner;
- Avoiding use of professional jargon; when professional terminology is appropriate, the trainer will provide a clear definition;
- Checking with the company coordinator to make sure all training materials, handouts, or audio-visual equipment is available before the session begins;
- Being honest if he or she is unable to answer a question; the trainer should research the topic and start the following session with answers to previous questions; and
- Encouraging participants to view situations from both the older person's point of view and the caregiver's point of view.

Potential Speakers for Educational Sessions

1. What Changes Can I Expect as My Relative Grows Older

- University professor or graduate student of psychology, social work, or gerontology
- Staff from Area Agency on Aging, city or county department on aging

2. Caregivers Have Feelings, Too

- Facilitator from local caregiver support group
- University professor of psychology, social work, or gerontology

3. Stress

- Staff of stress clinic
- Staff of community mental health center
- University professor of psychology
- Local physician

4. Stress and Time Management

(See Session #3)

5. Family Decision Making

- Staff of family service agency
- University professor of social work or family studies
- Family therapist

6. Informal and Formal Support

- University professor of social work or gerontology
- Staff of family service agency
- Staff of local aging department

7. Coping with Mental Changes in an Older Relative

- Local psychologist
- University professor of psychology or gerontology
- Speaker from Alzheimer's Disease and Related Disorders Association
- Staff of community mental health center

8. Tips for Caregivers: Personal Care

- Company doctor or nurse
- Staff of home health care agency
- Private registered nurse
- Visiting nurse
- Red Cross
- Local hospital doctor or nurse

9. Housing and Independence

- Nursing home ombudsman
- Staff of senior citizen housing complex
- Staff of long-term care facility

10. Legal Considerations

- Legal Services for the Elderly
- Staff of legal aid organization
- Member of bar association (lawyer)
- Law professor

Confirmation Letter for Trainers

Dear____:

Thank you for agreeing to participate in (*company's name*) Employee Caregivers Educational Seminars. (*Company's name*) is attempting to support our employee caregivers by providing information needed to make sound decisions and provide quality care.

Your session, (*name of session*), will be offered at (*location*) from (*time*). Please arrive by (*time*) so that you can prepare for your session. You will be speaking with a group of approximately (*number*) employees. We will supply writing materials, any equipment you may need, handouts and evaluation forms.

Please review the enclosed training content and handouts before conducting your session. You may adjust the format to suit your personal style, but please address the topic outlined. As each session lasts only one hour, please begin and end your session on time.

Also, please complete the enclosed content evaluation form and return it to AARP. The *Caregivers in the Work Place* Educational Seminars were developed by AARP and are revised periodically. Return your evaluation to the address listed on the form at least one week after conducting your session.

(*Company's name*) is located at (*provide specific directions*).

Again, thank you for your participation. If you have any questions, please call me at ________________.

Sincerely,

(*Name*)
(*Title*)

Enclosure

Caregivers in the Work Place
Trainer's Content Evaluation Form

1. **Name of session**____

2. **Rate your overall opinion of the training material.**

☐ Excellent ☐ Good ☐ Fair ☐ Poor

3. **The amount of material was:**

☐ Too much ☐ Adequate ☐ Insufficient

4. **If your session ran over one hour, what part of the materials should be excluded?**____

____

5. **Did the participants take part in the discussion?**

☐ Yes ☐ No ☐ Somewhat

6. **The handout materials were:**

☐ Useful ☐ Somewhat useful ☐ Useless

7. **Additional comments (Please be specific.)**

____

____

____

____

____

Please return to:

Caregivers in the Work Place
Social Outreach and Support
Program Department
AARP
1909 K Street, N.W.
Washington, DC 20049

Sample Letter of Acceptance for Seminars

Dear______________________________:

I am pleased to inform you that your registration form has been received and that you are scheduled to attend the Caregivers Educational Seminars which begin on (*date*). Employees are asked to attend the *entire* series in order to gain maximum benefits. If you are unable to attend most of the sessions, please cancel your reservation by calling (*name*) at (*phone number*).

Following is a list of topics to be offered:

Name of Session	**Date**	**Time**	**Place**

If you have any questions or concerns, please feel free to call me at
______________.

Sincerely,

(*Name*)
(*Title*)

Sample Waiting List Letter for Seminars

Dear ________________________________:

We have received your registration form for the Caregivers Educational Seminars. The response has been such that by the time your registration form was received, the seminars were filled. However, your name has been placed on a waiting list and you will be notified if there is a cancellation.

(*Optional*) If the Seminars prove successful, we may repeat them in the future, in which event, you will be notified.

Sincerely.

(*Your name*)
(*Your title*)

Caregivers in the Work Place Educational Seminars Participant Evaluation Form

1. **Name of session**____

2. **Rate your overall opinion of the training session:**
☐ Excellent ☐ Good ☐ Fair ☐ Poor

3. **Was the emphasis of the session on areas which are of importance to you**
☐ Completely addressed ☐ Somewhat addressed ☐ Not at all addressed

4. **The amount of material was:**
☐ Too much ☐ Adequate ☐ Insufficient

5. **The information presented was:**
☐ Very useful ☐ Somewhat useful ☐ Not very useful at all

6. **What needs to be included in this session to make it better?**

____
____
____

7. **How do you feel this session can help you with your caregiving responsibilities?**

____
____
____

8. **Additional comments**

____
____
____

Sample Thank-You Letter to Trainers

Dear____:

Thank you for working with (*name of company*). With your help, we offered a successful educational program for our employees concerned about aging relatives. Your input greatly contributed to the seminars and provided the kind of stimulating exchange of ideas needed by our employees.

If you did not complete an evaluation of training materials for your session, please complete the enclosed form and return it to AARP as soon as possible.

Again, thank you.

Sincerely,

(*Your name*)
(*Your title*)
(*Enclosure—See Appendix F*)

Notes

AARP

American Association
of Retired Persons
1909 K Street, NW
Washington, DC 20049

A Publication
of the Social Outreach
and Support Section
Program Department

Funded by the Women's Initiative

PF3924/4(1187)•D12937

AARP

Educational Seminars Trainer's Manual

There's a Way to Share the Care

82

Educational Seminars Trainer's Manual

CAREGIVERS
IN THE WORK PLACE

Written By: Angela Heath

A Publication of the Social Outreach
and Support Section
Program Department
AARP
Funded by the Women's Initiative

© 1987 by American Association of Retired Persons.
Reprinting by permission only.

Table of Contents

The Trainer 1
Overview of Training Method to Use 1
Trainer Materials Check-List 2
Participants 2
Format 2
Evaluation 3
Session I—What Changes Can I Expect as My Relative Grows Older? ... 4
Session II—Caregivers Have Feelings, Too 9
Session III—Stress 16
Session IV—Stress and Time Management 23
Session V—Family Decision Making 30
Session VI—Informal and Formal Support 35
Session VII—Coping with Mental Changes in an Older Relative 43
Session VIII—Tips for Caregivers, Personal Care 49
Session IX—Housing and Independence 50
Session X—Legal Considerations 62

Acknowledgments
We extend appreciation to the following companies which tested the program materials: The Aerospace Corporation, Drew University, Florida Power and Light, Ft. Logan Mental Health Center, Indian River Memorial Hospital, McNeil Consumer Products Company, Mutual of New York, and The Travelers Companies.

AARP is a nonprofit, nonpartisan membership organization founded in 1958 by Dr. Ethel Percy Andrus, a retired educator. Membership, which exceeds 26 million, is open to anyone 50 years of age or older. Headquartered in Washington, DC, AARP offers a wide range of membership benefits, legislative representation at federal and state levels, and educational and community service programs carried out through a national network of volunteers and local chapters. The Association is dedicated to helping older Americans achieve lives of independence, dignity and purpose. This publication was funded by the AARP Women's Initiative which addresses the special needs of mid-life and older women, many of whom are the principal caregivers of older family members.

This guide has been prepared to assist you in conducting training seminars for working persons who are also caring for older relatives or friends. The guide contains training content and resource materials which may be copied for handouts. The Planning Guide for the educational seminars contains implementation steps. Although each seminar is designed as a one hour presentation, you may combine topics if more time is available. The format can be tailored to suit your needs.

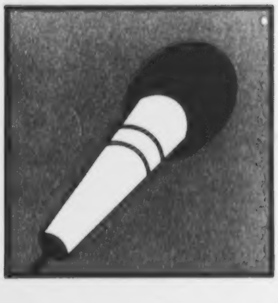
The goals for each trainer are to provide employees with the following:

- **Education about the aging process**—Seminars offer information about physical, social, and psychological changes associated with aging. Such information helps caregivers understand what their aged relative may be experiencing.
- **Information on Support Services**—The seminars give participants information that may help them become more aware of informal and formal supports. Participants will also better understand how to access these support systems.
- **Strategies for Providing Care**—Your seminars provide employees with practical information on how to care for themselves as well as their loved ones.

The Trainer

Trainers are selected because they possess the following characteristics:

- Knowledge of their topic;
- Experience in working with the elderly and their families;
- Public speaking skills;
- Responsiveness to audience needs;
- Sensitivity;
- Flexibility; and
- Experience in group process.



The trainer needs to review and understand the training content thoroughly before leading educational sessions. If the trainer has difficulty with the material, he or she should consult with community experts.

Trainers are responsible for:

- Presenting training content in a "conversational" manner;
- Avoiding use of professional jargon; when professional terminology is appropriate, the trainer provides a clear definition;
- Making sure all training materials, handouts and audio-visual equipment are available and working before the session begins;
- Being honest if he or she is unable to answer a question; he or she should research the topic and start the following session with answers to questions previously asked; and
- Encouraging participants to look at situations from both the older person's and the caregiver's points of view.

Overview of Training Methods to Use

Educational sessions are only one hour long so that they can be offered during lunch. The trainer needs to be very conscious of time. Sessions should begin and end on time. A time reference is provided for each educational session. The trainer cannot allow one participant to monopolize the conversation or change the subject for discussion. This obviously will involve the skills of an experienced facilitator.

Each session contains sample content which the trainer can repeat verbatim or modify to suit his or her particular style. In modifying sample content, the trainer should avoid using professional jargon unless terms are defined. In leading the sessions, trainers are informative without being condescending. The training sessions are *not* counseling sessions. Direct advice should not be given. Instead the trainer can raise issues and offer a variety of options for consideration.

Trainer Materials Check-List

The materials required are:

- Flip chart or chalkboard;
- Two felt-tip markers or chalk;
- Training folders for participants;
- Appropriate number of seats;
- Handouts for session (participants' handouts and trainer's copies follow seminar content materials);
- Appropriate number of participant evaluation forms (See Planning Guide Appendix I);
- Two or three microphones (for large groups only);
- Slide projector for session #5, Family Decision Making (test the projector before the session);
- Extension cord (possibly) for slide projector;
- Movie screen for Family Decision-making session; and
- Slide show, *Best Wishes, Edith and Henry* for Family Decision-making session (see Trainer's Copy of Handout VB).

Participants

Employees providing emotional support and/or assistance to an elderly parent, spouse, or other relative will have various concerns and problems. Some participants may have questions about identifying and coordinating social services, some may have difficulty coping with conflicting emotions and others may feel pressured as they attempt to balance work demands with the needs of their older relative and personal needs.

Caregivers may be involved with an older loved one who lives:

- Alone or with a spouse in the community;
- In the home with the caregiver;
- In another community or state; or
- In a long-term care facility (nursing home, home for the aged, etc.).

In addition, an employee may attend the seminars to prepare for the eventual care of an aging relative.

Each of the above situations can cause stress which may affect productivity at work. It is important, therefore, to assure participants of confidentiality. If they feel free to discuss issues honestly, they will gain from others attending the seminar who are having similar experiences. The group members may be able to offer creative suggestions to one another.

The number of participants attending will depend upon employee interest. The company may decide to offer the seminars for a small group of employees (20 or fewer) or a large group (21 or more). We *strongly recommend* small group settings for this project.

Format

The format is slightly different for small and large groups. Small group format and tips for large groups are given below. Both formats, however, are designed to provide participants with information and an opportunity to ask questions.

Again, AARP does recommend that companies use the small group format for educational seminars. This format promotes interaction among participants and a sharing of resources and coping skills. Participants will benefit most in the small group setting.

Before each seminar, the trainer should make sure the room is properly arranged and that handout materials are available. There should be a blackboard or flip chart available along with appropriate writing materials.

When possible, the seats should be arranged in a circle, with the trainer as a part of the circle. This facilitates communication and adds to a congenial, informal atmosphere. Participants should be encouraged to ask questions during the presentation and offer additional information which others may find helpful.

Resource materials should be displayed on a table so that participants may look at them. You may wish to allow participants to borrow materials for a one-week period.

Large groups may find it more convenient to convene in a classroom-type setting. The trainer should secure all necessary materials before the seminar begins. In addition, the trainer may find it best to use a microphone and to speak from an elevated platform or stage. Another microphone should be placed in an aisle in the audience so that participants can use it when making comments or asking questions.

The training content presented is designed for small groups. Consequently, trainers presenting to large groups will need to modify the training content so that employees are given the opportunity to participate in discussion within the stated time limit.

Following are some tips for trainers using the large group format:

- Whenever a response is needed from employees, ask for two or three volunteers to comment;
- If your session calls for three small groups, ask participants to form groups of seven;
- Ask small group spokespersons to be brief when reporting their findings to the large group; and
- Address questions during the last ten minutes of each session and after the session.

The ten topics covered in this manual are:

- What Changes Can I Expect as My Relative Grows Older?—explores how normal aging affects both caregivers and their older relatives;
- Caregivers Have Feelings, Too—examines the conflicting emotions caregivers may experience;
- Stress—identifies sources of caregiver stress;
- Stress and Time Management—presents time and stress management techniques for caregivers;
- Family Decision Making—promotes family communication and advanced planning;
- Informal and Formal Support—identifies support systems to assist with caregiving;
- Coping with Mental Changes in an Older Relative—provides hints for coping with an elderly person experiencing mental decline;
- Tips for Caregivers—Personal Care—teaches skills in bathing, toileting, and changing positions;
- Housing and Independence—discusses housing options in terms of an older person's abilities; and
- Legal Considerations—provides information on wills, power of attorney, representative payee, conservatorship, and trusts.

Evaluation

At the conclusion of each seminar, participants are asked to complete an evaluation form (see Appendix I of the Planning Guide). The evaluation offers both a means of obtaining feedback from participants about the usefulness of the seminar and a base for future planning.

Educational Seminars for Small Groups
(20 or fewer participants)

Educational Session 1

What Changes Can I Expect as My Relative Grows Older?

The purposes of this session are to define "caregiver," to explore changes which accompany normal aging, and to look at how these changes affect caregivers and their older relatives.

TIME	CONTENT	METHOD
5 mins.	**1. Welcoming Statement and Objectives** "We are all here today because we have a concern for or provide assistance to an older loved one. This program is designed to provide support to working caregivers and consequently reduce the stress associated with providing care." "During this session we will explore the changes which accompany normal aging and look at how they affect us and the persons we are concerned about."	■ Welcome participants, introduce yourself and give a brief background. ■ Explain purpose of training. ■ Pass out folders, which include training material for 1st session. ■ Explain purpose of session.
10 mins.	**2. Introduction of Participants** "I would like to go around the room and have everyone introduce yourself and briefly describe the current situation of your older relative."	■ Ask each participant to introduce him- or herself and describe the caregiving situation as briefly as possible (who is being cared for, where does person live, major problems).
10 mins.	**3. Defining "Caregiver"** "Most important to our discussion, it's necessary that we all understand what a caregiver is." "A caregiver is a person who is concerned about or providing physical, emotional, or financial assistance to an older person. The caregiver may be informal (not trained or paid for services) such as a friend, neighbor, or relative; or a caregiver may be formal, (trained and/or paid) working at an organization designed to provide assistance."	■ Ask participants to refer to Handout I "Who Is the Caregiver?" ■ Read each statement and ask one person who agrees with the statement to explain why he/she agrees. Also have one person who disagrees explain why he/she disagrees. ■ Explain that all of these persons are caregivers in various ways and offer an acceptable definition of caregiver.

25 mins.	**4. What Is Normal Aging?** "Let's look at the changes that occur to persons as they get older. While we're exploring these changes, let's concentrate on what each change could mean to the older person experiencing it and what it could mean to a caregiver." Remember to view each change both positively and negatively.	■ Ask participants to take out Handout IB. For each change listed, ask participants to describe how an older person might react. ■ Record on flip chart or chalkboard under "older person's response." ■ For each change listed, ask for ways the caregiver may adapt or respond *positively*. ■ Record on flip chart or chalkboard under "caregiver's adaptation." ■ Use Trainer's Copy of Handout IB to supplement participants responses.
5 mins.	**5. Conclusions** "Handout IB highlights a few changes which occur as we grow older. Some points to remember: 1. *Aging Is Universal* It happens to us all unless we die young. 2. *Aging Is Individual* It happens at different rates for different people. 3. *Aging Is Gradual* We do not at a mystical age wake up grey haired and old. Aging is a process that starts with the day of birth. 4. *Aging Is Attitudinal* As with every other part of life, it is not our aging which is good or bad, but our attitude toward aging. As persons concerned about aged loved ones, we want to be aware of their perspective and needs.	■ List points on flip chart or chalkboard.
5 mins.	**6. Evaluation** **Housekeeping**	■ Have participants complete evaluation forms if time permits. ■ If time does not permit, have them bring the completed evaluations to next session. ■ Inform participants of the date, time, place, and topic of next session. ■ Remind participants that sessions start on time and those who registered have a reserved seat. ■ Remind participants to bring their folders to each session.

Who Is the Caregiver?

The following people are caregivers. (True or False)

- The nurse in the nursing home who attends to physical needs of the patient.
- The daughter moving in with mother in order to monitor her well-being.
- The younger sister in New York who calls an elderly sister in Ohio every Sunday.
- The son-in-law who drives his mother-in-law to the bank every first of the month and gives her $25 each month to help out with her bills.
- The neighbor who stops by on Saturdays to see if an older friend needs something from the grocery store.

Handout IB

Age-Related Changes and Responses

Normal Changes with Aging	Older Person's Response	Caregiver's Response
Hearing—Decline in ability to hear particularly high tones	**Positive**	
	Negative	
Sight—Decline in ability to see at night and to read small print	**Positive**	
	Negative	
Ambulation—Decreased ability to walk distances, climb stairs, or walk quickly	**Positive**	
	Negative	
Loss of loved one—Through decreased mobility, geographic move, or death	**Positive**	
	Negative	
Retirement—Separation from normal employment	**Positive**	
	Negative	
Physical signs of aging—Grey hair, wrinkles, balding	**Positive**	
	Negative	
Memory—Difficulty remembering new information	**Positive**	
	Negative	
Chronic illness—Increased prevalence of arthritis, heart disease, diabetes, high blood pressure, stroke	**Positive**	
	Negative	

Handout IB
Trainer's Copy

Age-Related Changes and Responses

Normal Changes with Aging	Older Person's Response	Caregiver's Positive Response
Hearing—Decline in ability to hear, particularly high tones	**Positive**—Use of more therapeutic communication (touching, facial expressions, direct eye contact), acceptance and admission of problem, use of hearing aids. **Negative**—Feelings of isolation, confusion, embarrassment in wearing a hearing aid, denial of problem, thinking people are talking about you	Opportunity to use more touching and face-to-face interaction, enhance communication skills, assist older person in getting hearing test or hearing aid.
Sight—Decline in ability to see at night and to read small print	**Positive**—Opportunity to use bright colors, increase value of other senses **Negative**—Inability to read books or magazines, fear of night driving, denial	Opportunity to help older person redecorate in order to maximize vision (use bright colors, cut down on glare), read to person, accompany person to get eye testing
Ambulation—Decreased ability to walk far distances, climb stairs, or walk quickly	**Positive**—Opportunity to invite visitors to your home, take up new hobbies which do not involve walking **Negative**—May cause isolation or decrease in social contacts, feeling of dependency for mobility, distorted self image if he/she must use a walking device	Assist with ambulation (physically or driving to appointments), increase visits and telephoning, assist with household chores if decreased mobility decreases other abilities
Loss of loved one—Through decreased mobility, geographic move, or death	**Positive**—Opportunities to explore new relationships (religious groups, clubs, organizations); place greater value on existing relationships **Normal**—Grief **Negative**—Loneliness, boredom	Encourage new involvements, patience in grief, provide opportunities for socialization, listening
Retirement—Separation from normal employment	**Positive**—Opportunity to travel, explore new hobbies, relationships or business opportunities, relief, pride in accomplishments **Negative**—Decreased self-esteem (define who we are by what we do), boredom, feeling of uselessness, often decreased income	Encourage new involvement, assistance with some activities if retirement is due to disability, financial assistance
Physical signs of aging—Grey hair, wrinkles, balding	**Positive**—Acceptance of aging **Negative**—Youth-oriented society—old is not good, fear of aging, decreased body image	Suggest ways to accent beauty (colors, make up), compliment good features, take person shopping for a more flattering wardrobe
Memory—Difficulty remembering new information	**Positive**—Retention of past events, more precision when more time taken with new information **Negative**—Fear of senility, depression	Suggest use of memory aids, assure that some forgetfulness is normal
Chronic illnesses—Increased prevalence of arthritis, heart disease, diabetes, high blood pressure, stroke	**Positive**—Successful adjustment to physical changes and limitations, increased value on remaining abilities **Negative**—Recurrence of constant pain, illnesses may affect other areas of independence	Provide transportation for medical concerns, monitor medications and diet, assist in other areas where illness causes limitations

Caregivers Have Feelings, Too

This session explores the conflicting emotions caregivers may experience and helps them understand why these feelings exist and how they can be resolved.

TIME	CONTENT	METHOD
5 mins.	**1. Statement of Purpose** "During this session we want to explore the feelings a person may experience who is concerned about or caring for an older loved one. After reviewing these feelings, we want to understand that these feelings are normal."	■ Explain purpose of session.
10 mins.	**2. Discussion of Feelings Caregivers Experience** "I am sure we can all relate to the feelings we just listed. What is important to remember is that these are normal reactions to caregiving. Feelings are neither positive nor negative even though sometimes we have difficulty dealing with them."	■ Distribute Handouts for this session. ■ Ask participants to refer to Handout II. ■ On the blackboard or flip chart write the following headings: "Feelings we are proud of" and "feelings we are ashamed of." ■ Ask participants to describe how they feel about being a caregiver using one or two words. ■ Place responses under appropriate column. ■ Use Trainer's Copy of Handout II to supplement responses. ■ Assure participants that these feelings are normal.
35 mins.	**3. Why Do I Feel This Way?** "The next exercise will allow us to explore *why* we feel the way we do. The exercise also will help us identify ways to deal with difficult feelings and situations."	■ Ask participants to form three smaller groups. ■ Assign each group two statements on Handout IIB. ■ Complete worksheet (Handout IIC). ■ Inform participants they have ten minutes to complete worksheet. ■ Inform groups when they have three minutes left. ■ Call group back together after ten minutes. ■ Discuss each statement. ■ Record responses and summarize using Trainer's Copy of Handout IIC.

5 mins.	**5. Conclusion** "As caregivers, we need to be in touch with our own feelings and needs as well as those of our older loved one. During this session, we explored several reasons we feel the way we do. We also realized that we can deal with some feelings through action."	
5 mins.	**6. Evaluation**	Have participants complete an evaulation form and hand in evaluation of previous session. ■ If time does not permit, have them bring the completed forms to the next meeting.
	Housekeeping	■ Inform participants of the date, time, place, and topic of the next session. ■ Remind participants that sessions start on time and those who have registered have a reserved seat. ■ Remind participants to bring their folders to each session.

Handout II

How Do You Feel About Being a Caregiver?

Feelings You Are Proud Of	Feelings You Are Ashamed Of

Handout II
Trainer's Copy

How Do You Feel About Being a Caregiver?

Feelings You Are Proud Of	Feelings You Are Ashamed Of
blessed	anger
loving	sad
dutiful	tired
closeness	ignorant
generous	overwhelmed
joy	alone
pride	guilty
staying involved	fearful
paying back what I was given	helpless
	confused
	trapped
	embarrassed

Statement of Feelings

1. My father and I never got along. He always treated my sister better. But now who does everything for him? ME!

2. My older sister had a stroke last month. She'll be coming home from the hospital tomorrow; I don't know what I am going to do.

3. My wife is dying. She is alert and we spend hours talking and holding hands. I hate to see her in such pain. Soon she'll be at peace.

4. I visit her every day even when I'm exhausted. I try to make her life easier. But she never appreciates anything. She never says a kind word. All she does is complain.

5. My husband makes me feel guilty when I don't visit his mother. I truly feel sorry for her, but that nursing home is terrible. I hope I never have to go to a place like that.

6. My husband's family is always telling me I can do more for him. They never help, just criticize. They forget that I also have to help our divorced daughter with her two children.

Handout IIC

Feelings	Why Do These Feelings Exist?	Possible Actions to Help Deal with Feelings
1.		
2.		
3.		
4.		
5.		
6.		

Handout IIC
Trainer's Copy

Feelings	Why Do These Feelings Exist?	Possible Actions to Help Deal with Feelings
1. Angry, dutiful, alone	**Past experience with older person** —Love and affection help buffer the stressful effects of caregiving. On the other hand, past experiences may add stress to the situation.	• Ask sister for assistance. • Confront father with feeling "Dad, when I was growing up, I always wanted to be close to you." • Talk with sister about your feelings.
2. Overwhelmed, helpless, ignorant	**Preparation for event**—If care was unexpected, the initial stressful reaction will be greater.	• Contact family and friends for assistance. • Call social service agencies, talk with hospital social worker. • Read literature on the problem. • Have nurse or social worker assess sister's abilities and limitations.
3. Loving, sad, close	**Attitudes about aging and dying**—Realistic attitudes about aging and death will have a positive impact on caregiving.	This situation shows good adjustment by the caregiving spouse. In terms of action, perhaps he could contact community resource such as hospice to assist him.
4. Generous, angry, tired, dutiful	**Older person's personality traits**—Liking or disliking current personality influences the caregiving experience.	• Take days away from visiting. • Confront the person; "You know I enjoy coming to see you because I always feel you appreciate me."
5. Guilty, fearful	**Relationship to caregiver**—Blood relationship will affect the caregiving process and willingness to provide care. Also a negative attitude will cause one to resist providing care.	• Talking with her husband, explaining her fears may decrease some of the guilt. • Visiting for short periods of time also may help.
6. Overwhelmed, angry, alone	**Other family members' response**—Others may offer suggestions but no assistance. Caregiver may experience conflicting loyalties between older person, spouse, and children.	• Learn to say no to babysitting. • Confront husband's family; "I know you are concerned about ________. That's why I know you will enjoy spending time with him or I know you and he will have a pleasant ride to the doctor's next week." Be assertive.

Adapted with permission from *Employed Caregivers of Elderly Parents, A Manual for Discussion Leaders*, Sheila Abakas, pp. 7-8.

Stress

Sessions 3 and 4 should be presented in order. Session 3 identifies the sources of stress for caregivers and Session 4 explores stress and time management techniques.

TIME	CONTENT	METHOD
5 mins.	**1. Statement of Purpose** "The purpose of this session is to help caregivers identify sources and symptoms of stress."	■ Explain purpose of session.
10 mins.	**2. What Is Stress?** "Stress is a normal physical reaction to a situation interpreted as representing danger or demand. Good stress can be the motive behind success. But, too much stress results in tension which can be detrimental to mental and physical well-being."	■ Distribute Handouts. ■ Ask participants to define stress. ■ Record on blackboard or flip chart. ■ Ask participants if stress is always bad. ■ Offer a definition of stress.
10 mins.	**3. Sources of Stress** "Change causes most of the stress in our life especially when we object to change or it occurs suddenly. Let's spend some time identifying life changes that cause stress for older persons and caregivers."	■ On blackboard, or flip chart record main heading "Life Changes." ■ Make two columns, one with the subheading "Sources of Stress for Older Persons" and one with subheading "Sources of Stress for Caregivers." ■ Record responses under appropriate column. ■ Use Trainer's Copy of Handout III for additional life changes.
15 mins.	**4. Burnout Potential** "When stress is negative and continues over a period of time, persons experience a phenomenon referred to as burnout. Burnout is a state of emotional exhaustion caused by prolonged stress related to one's work or other responsibilities. Handout IIIB will allow us to examine our burnout potential."	■ Define burnout. ■ Allow participants ten minutes to complete Handout IIIB. ■ Discuss scores for remaining five minutes. ■ Make sure no one feels overwhelmed if his or her score is higher than rest of group.

15 mins.	**5. Stages of Caregiver Burnout** "Let's examine the stages of Caregiver Burnout using Handout IIIC." "We have seen that stress is a normal part of life that can cause problems if it persists. Handout IIID is a stress inventory which I would like you to complete for the next session, Stress and Time Management."	■ Refer to Handout IIIC. ■ Describe each stage (See Trainer's Copy of Handout IIIC). ■ Conduct a discussion on Handout IIIC.
5 mins.	**6. Evaluation**	■ Have participants complete evaluation forms and hand in evaluations of previous session. ■ If time does not permit, have them bring the completed forms to the next meeting.
	Housekeeping	■ Inform participants of the time, date, place, and topic of the next session. ■ Remind participants that sessions start on time and those who have registered have a reserved seat. ■ Remind participants to bring their folders to each session.

Handout III
Trainer's Copy

Life Changes

Sources of Stress for Older Person

Health decline
Loss of limb
Loss of senses
Loss of ability to care for oneself
Serious illness
Loss of memory
Death of loved one
Retirement
Change in housing
Loss of mobility
Decrease in income

Sources of Stress for Caregiver

Job changes
Health decline
Serious illness
Financial concerns
Change in daily routine
Fatigue
Change in recreation
Conflicting demands from others
Death of loved one
Loss of privacy

Handout IIIB

Burnout Potential

How often do you have any of the following experiences?

1	2	3	4	5	6	7
Never	Once or Twice	Rarely	Sometimes	Often	Usually	Always

_______ 1. Feeling resentful toward people
_______ 2. Feeling trapped
_______ 3. Being tired
_______ 4. Being weary
_______ 5. Being troubled
_______ 6. Feeling helpless
_______ 7. Feeling depressed
_______ 8. Being physically exhausted
_______ 9. Being emotionally exhausted
_______10. Feeling disillusioned about people
_______11. Feeling useless
_______12. Being utterly drained of feeling
_______13. Feeling "burned out"
_______14. Being unhappy
_______15. Feeling anxious
_______16. Feeling rejected

_______ TOTAL (Add the values you wrote next to each feeling)

0-60—no burnout
60-90—burnout potential
90+—burnout

Used with permission from and developed by Naomi Reimers, Aurora, NY.

Handout IIIC

Stages of Caregiver Burnout

I–Initial	II–Complications	III–Pressure	IV–Burnout
Ideal plans	Inconveniences	Lack of resolution	Wanting to escape
Change occurs	Struggle to reorganize	Strong ambivalance	Family disruption/separation
Shock	Schedule readjustment	Awareness it won't get better	Despair
Urgent decision	Hope it will get better	Family conflicts	Serious stress symptoms
Theme of family unity	Explaining to others	Withdrawal/isolation	Physical illness
Obligation		Mild depression	Violence
		Irritability over little things	
		Physical stress symptoms	

Handout IIIC
Trainer's Copy

Stages of Caregiver Burnout

I–Initial	II–Complications	III–Pressure	IV–Burnout
NOTE TO TRAINER— Description of Stages			
Characterized by sadness and unexpectedness of crises complicated by conflicting thoughts and feelings.	Idea plans have not been realized. Caregiving felt in terms of scheduling problems, lack of private time and increased caregiving efforts.	Occurs if effective coping strategies have not been implemented within a few months to a year after change or crisis. Marked by emotional pressure, preoccupation, physical symptoms which rise from lack of resolution, increasing family conflicts, irritability and growing awareness that the situation will not improve. May last several months to several years depending on one's coping, resilience, and support.	Evidenced by announcing "I've had it. I just can't go on anymore." If these calls for help are ignored, physical and emotional collapse follows, or running away, illness and violence.
Ideal plans Change occurs Shock Urgent decision Theme of family unity Obligation	Inconveniences Schedule readjustment Struggle to reorganize Hope it will get better Explaining to others	Lack of resolution Strong ambivalence Awareness it won't get better Family conflicts Withdrawal/isolation Mild depression Irritability over little things Physical stress symptoms	Wanting to escape Family disruption/separation Despair Serious stress symptoms Physical illness Violence

Taken with permission from: *Instructional Manual for Parent Caring Program*, Vol. I, College of St. Scholastica, MN.

Handout IIID

Social Readjustment Rating Scale

(A Predictor of Stress Related Disease or Disability)

Pencil in the value of items that apply to you during the past year. Add your score and compare it with the range of scores that is given below the test.

Rank	Event	Value	Your Score
1	Death of spouse	100	
2	Divorce	73	
3	Marital separation	65	
4	Jail term	63	
5	Death of close family member	63	
6	Personal injury or illness	53	
7	Marriage	50	
8	Fired from work	47	
9	Marital reconciliation	45	
10	Retirement	45	
11	Change in family member's health	44	
12	Pregnancy	40	
13	Sex difficulties	39	
14	Addition to family	39	
15	Business readjustment	39	
16	Change in financial status	38	
17	Death of close friend	37	
18	Change to different line of work	36	
19	Change in number of marital arguments		
20	Loan over $10,000	35	
21	Foreclosure of mortgage or loan	31	
22	Change in work responsibilities	30	
23	Son or daughter leaving home	29	
24	Trouble with in-laws	29	
25	Outstanding personal achievement	29	
26	Spouse begins or stops work	28	
27	Starting or finishing school	26	
28	Change in living conditions	26	
29	Revision of personal habits	25	
30	Trouble with boss	24	
31	Change in work hours, conditions	23	
32	Change in residence	20	
33	Change in schools	20	
34	Change in recreational habits	20	
35	Change in religious activities	19	
36	Change in social activities	19	
37	Loan under $10,000	18	
38	Change in sleeping habits	17	
39	Change in number of family gatherings	16	
40	Change in eating habits	15	
41	Vacation	13	
42	Christmas/Holiday season	12	
43	Minor violation of law	11	

Score

- Less than 150—37% chance of experiencing stress related illness
- 150-300—51% chance of stress related illness
- More than 300—80% chance of stress related illness

Used with permission from and developed by Dr. Thomas Holmes, University of Washington State Medical School.

Stress and Time Management

Session 4 should always follow Session 3. Session 3 identifies sources of caregiver stress and 4 explores stress and time management techniques.

TIME	CONTENT	METHOD
5 mins.	**1. Introduction** "During our last session we looked at stress and caregiver burnout. Today we want to discover how to manage stress and our time more effectively so that we can avoid the negative effects of tension. First, let's look at the results of the Social Adjustment Rating Scale, Handout IIID."	■ Distribute Handouts for session. ■ Review participants' scores for Handout IIID.
20 mins.	**2. Stress Management** "As caregivers, much of our stress is related to our inability to accept things which we cannot change and to accept our own limitations to provide help. Let's review some of the suggestions for relieving stress which are mentioned on Handout IV."	■ Review Handout IV.
5 mins.	**3. Guided Imagery** "Now, I'd like to have you try a relaxation technique called Guided Imagery. It is quite effective for relieving tension and increasing concentration."	■ Instruct participants to close their eyes. ■ Ask participants to take three slow, deep breaths. ■ Ask them to visualize as you read Trainer's Copy of Handout IVB.
25 mins.	**4. Time Management Exercise** "As employed caregivers we have many conflicting demands for our time: 1) Personal needs 2) Needs of family members 3) Work demands 4) Needs of older relative. Let's look at some problems Mrs. Time Mismanagement is having balancing conflicting demands."	■ Have participants break into three smaller groups. ■ Ask participants to read Handout IVC and suggest ways Mrs. Time Mismanagement can manage her time better (10 mins.). ■ Call group together asking each group to report on findings (15 mins.).

TIME	CONTENT	METHOD
10 mins.	**5. Time Management for Employed Caregivers** "Now let's focus on some time management techniques that we can use to become more efficient at caregiving and at work."	■ Review Handout IVD. ■ Use Trainer's Copy of Handout IVD to facilitate discussion.
5 mins.	**6. Evaluation**	■ Have participants complete evaluation forms and hand in evaluation of previous session(s). ■ If time does not permit, have them bring the completed forms to the next meeting.
	Housekeeping	■ Inform participants of the date, time, place, and topic of the next session. ■ Remind participants that sessions start on time and those who have registered have a reserved seat. ■ Remind participants to bring their folders to each session.

Handout IV

Suggestions for Relieving Stress

Stay Involved

- Remain active in community affairs as long as possible
- Take classes at local colleges
- Meet with other caregivers in support groups
- Visit with family and friends
- Encourage and accept help from others
- Use your telephone to stay in touch with friends
- Take advantage of services for the elderly for your relative
- Invite others to your home for socialization
- Write to distant relatives and friends frequently
- Listen to and participate in radio call-in programs
- Get a pet that doesn't require a great deal of attention

Deal with Feelings of Anger and Guilt

- Accept that there are times when you will get angry
- Discuss feelings with others
- Focus on your older relative's good points
- Speak your mind calmly
- Be persistent
- Allow yourself daily pleasures
- Do not expect perfection of yourself
- Take the time to pat yourself on the back
- Assume you are doing your best to balance *all* responsibilities
- Understand you have the right to be selfish at times
- Realize rest and relaxation are a right, not a privilege

Learn to Relax

- Vigorous exercise
- Deep breathing—take a deep breath, exhale slowly
- Do something you really enjoy
- Retreat to a place of your own
- Listen to soothing music
- Take a hot bath or cold shower
- Visualize yourself being somewhere that makes you happy

Maintain Good Health Habits

- Have regular physical exams
- Exercise regularly
- Maintain a balanced diet
- Get enough sleep
- Avoid alcohol or drugs
- Seek professional help if depressed for a long time

Adapted with permission from *Caregivers: Helping an Aged Loved One*, Jo Horne, 1985, pp. 247-248.

Guided Imagery Exercise

NOTE TO TRAINER—The guided imagery exercise should be read slowly using a gentle voice.

Imagine yourself on a tropical island—all alone. The sun is starting to rise—gently warming your body. As you walk slowly along the beach—you feel your whole body starting to relax and renew itself.

Breathe in slowly through your nose
Exhale slowly through your mouth

Inhale slowly through your nose
Exhale slowly through your mouth

As you inhale, feel the energy surging through your body
As you exhale, feel the tension leave your body

Relax—Relax—Relax

As you walk along the beach, feel the warm sand as it massages your toes, hear the seagulls as they flutter above. Everything is peaceful, everything is calm. You are relaxed, your mind is alert, your body is strong.

Inhale slowly through your nose
Exhale slowly through your mouth

Inhale slowly through your nose
Exhale slowly through your mouth

As you inhale, feel new energy surging through your body
As you exhale, feel all tension leave your body

Relax—Relax—Relax.

(Allow a few minutes for relaxation)

Mrs. Time Mismanagement Exercise

Mrs. Time Mismanagement never has enough time.

She wakes up every morning at 5:30 to prepare breakfast for her husband and two teenage children. After frantically searching for something to wear, she drives 20 minutes to her mother's house to prepare a hot breakfast although her mother prefers cold cereal.

Mrs. Time Mismanagement is 15 to 20 minutes late for work every day. She works frantically and makes errors frequently because she is usually fatigued and worrying about her mother. She calls her mother two to three times before lunch.

At lunch time, she drives to her mother's house to prepare a hot lunch. Her own lunch usually consists of a soft drink and a bag of chips. She worries during the afternoon because mother is alone.

She hurries home to prepare dinner. If a neighbor needs a favor she seldom says no. After the family has finished dinner, she rushes over to mom's with a plate of food and puts mom to bed.

Back at home she is faced with dirty dishes, the laundry and other household chores. She starts with the dishes when a friend calls to invite her to an outing. "No," she replies, "I simply don't have the time." Next, she forgets about the dishes to hem a dress which her 16-year-old wants to wear to school tomorrow.

It is 11:15 pm and her husband is in an amorous mood. He entices her to the bedroom, she falls across the bed totally exhausted and shouts "I never have enough time to do the things I need to do!" and quickly falls asleep.

Time Management Techniques for Employed Caregivers

1) Do not mix business with caregiving
2) Organize
3) Be realistic
4) Prioritize
5) Delegate responsibilities
6) Pace yourself
7) Take a break
8) Talk with appropriate persons at the work site
9) Form a caregivers discussion group

Handout IVD
Trainer's Copy

Time Management Techniques for Employed Caregivers

The keys to becoming an efficient caregiver without losing productivity at work are:

1) **Do not mix business with caregiving**—avoid using company time to care for an older relative. Make necessary phone calls on breaks and during lunch time.

2) **Organize**—if you must take time away from work to coordinate social services, monitor your older relative's health, etc., organize your time away from work so that you can get the most accomplished in the least amount of time.

3) **Be realistic**—know what your older relative is capable of doing and know what you can realistically do for him or her. Understand that you may not be able to meet all of his or her needs.

4) **Prioritize**—make a list of things you need to do for your older relative. Accomplish the most important items first.

5) **Delegate responsibilities**—do not attempt to do it all alone. Ask friends, relatives, and others to complete some tasks. Share the load so that you are not overburdened.

6) **Pace yourself**—do not overwork yourself as a caregiver so that you are exhausted at work and vice versa.

7) **Take a break**—when work or caregiving causes tension. Take a walk, clear your head and resume the task at hand.

8) **Talk with appropriate persons at the work site**—the employee assistance counselor, your supervisor or other appropriate persons at work may be able to provide answers to many of your questions.

9) **Form a caregivers discussion group**—meet at lunch time and share experiences with other employees who are caregivers.

Family Decision Making

This session is designed to enhance family communications and advanced planning. The slide presentation *Best Wishes, Edith and Henry* is strongly recommended. Handout VB contains ordering procedures, discussion questions and an alternative discussion guide if you are unable to obtain the slide show. Handout VC should be used *only if* you *do not* secure the slide presentation.

TIME	CONTENT	METHOD
5 mins.	**1. Introduction** "Caregiving is a family affair. Research shows that 80 percent of the assistance needed by older relatives are provided by family members. Caregiving can be hard work but it also can provide moments of closeness and joy. Today we want to examine family decision making."	■ Distribute Handout V. ■ Also distribute Handout VC if slide show is *not used.*
35 mins.	**2. Slide Presentation *Best Wishes, Edith and Henry*** "This slide show stresses the value of honest family communication and advanced planning."	■ Show slide presentation. ■ Ask for comments about the slide presentation. ■ Discuss questions provided in Trainer's Copy of Handout VB for 10 minutes. ■ Use discussion guide in Handout VB if slide show is *not used.*
15 mins.	**3. Shared Decision Making** "The slide presentation focused on the need for shared decision making among all family members. Let's examine the decision-making process more closely."	■ Review the Trainer's Copy of Handout V to facilitate discussion.
5 mins.	**4. Evaluation**	■ Have participants complete evaluation forms and hand in evaluations from previous session. ■ If time does not permit, have them bring completed forms to the next session.
	Housekeeping	■ Inform participants of time, date, place, and topic of next meeting. ■ Remind participants sessions start on time and those who registered have a reserved seat. ■ Remind participants to bring their folders to each session.

Handout V

The Decision-making Process

If your aged relative is able to participate in the decision, jointly:

- Discuss the situation;
- Evaluate the current situation;
- Consider needs and interests;
- Make a decision on a trial basis;
- Reevaluate the situation; and
- Make changes as necessary.

If your aged relative is unable to fully participate in the decision, then:

- Be realistic;
- Thoroughly evaluate the situation;
- Get professional medical advice regarding the relative's physical and mental well-being;
- Consider the needs of the family;
- Make a decision on a trial basis;
- Reevaluate the situation; and
- Make changes accordingly.

Taken with permission from: *As Parents Grow Older,* Alida Silverman.

The Decision-making Process

If your aged relative is able to participate in the decision jointly, remember the ultimate decision belongs to the older relative. Families should always encourage older persons to make their own decisions after considering all the options. Some older people may be willing to tolerate minor inconveniences in order to maintain their independence.

- **Discuss the situation**—encourage fairness and openness in which all parties voice their concerns and personal interests.
- **Evaluate the current situation**—what are the strengths and weaknesses of your relative?
- **Consider needs and interests**—how is each family member willing and able to assist?
- **Make decision on a trial basis**—consider all available options while keeping in mind the aged relative's physical and mental health, life style, feelings and interests as well as those of other family members.
- **Reevaluate the situation**—was the decision made suitable for all parties?
- **Make changes as necessary.**

If your aged relative is unable to fully participate in the decision, then you may be faced with assisting in or making a decision concerning his or her future.

- **Be realistic**—about the abilities and needs of everyone involved.
- **Thoroughly evaluate the situation**—take as much time as possible. Hasty evaluations often lead to poor decisions.
- **Get professional medical advice regarding your aged relative's health and mental condition**—remember a seemingly irreversible mental condition may be reversible.
- **Consider the needs of the family**—depending on the person's physical and mental status, providing care can be stressful.
- **Make a decision for your aged relative on a trial basis**—consider all options and set a time limit for testing a decision.
- **Reevaluate the situation**—was the decision made suitable for all parties?
- **Make changes accordingly.**

Adapted with permission from: *As Parents Grow Older,* Alida Silverman.

Best Wishes, Edith and Henry

A slide presentation with 80 color slides and 18-minute audio cassette which stresses the value of honest family communication. *Best Wishes, Edith and Henry* may be purchased for $51.00 or borrowed for $10.00 from:

Leanna Ott
Extension Service, Home Economics
Milam 161
Oregon State University
Corvallis, OR 97331-5106
503/754-3211

Questions for Discussion

1. Many different issues and concerns were raised in the story. What were some of these concerns? (List on blackboard or flip chart).
2. How do you think Edith felt when she began to realize that she should no longer drive?
3. What were the advantages of the family meeting?
4. Did the family meeting really prepare everyone for Dad's sudden illnesses?

If you do **not use *Best Wishes, Edith and Henry,*** the following discussion sion guide should be used:

TIME	CONTENT	METHOD
35 mins.	**2. The Family Meeting** "The family meeting is a mechanism for making decisions *with* the older relative, delegating care-giving responsibilities, and planning for the future. The meeting may or may not include friends and neighbors. A family meeting should be held every six to nine months or whenever an important change occurs. Now, let's examine the family decision-making process more closely."	■ Ask participants to form three smaller groups. ■ Ask each group to discuss each situation listed on Handout VC. ■ Ask each group to appoint a recorder who will report its findings. ■ Instruct participants to discuss who should be invited to the family meeting and what issues should be discussed (20 mins.). ■ Call group together. ■ Have the recorder from each group report their findings (15 mins.). ■ Continue with (3.) "Shared Decision Making" in the Training Manual (page 30).

The Family Meeting

1. Mrs. R. is a bedridden 76-year-old woman.
Her frail 68-year-old husband cares for her along with the help of various social service agencies. Their only son is married with three teenage children and lives 15 miles away and calls frequently and visits on the weekends.

2. Mr. J. lives with his daughter and two grandsons.
He is 73 and still working part-time at the school library. Every once in a while his arthritis flares up but usually Mr. J. is doing very well. He has two sons who live out of town. They seldom call because Pop is fine.

3. Ms. T. is a 60-year-old diabetic who uses a walker.
She never married nor had children. She was always active in the church during her younger years. Now, her church members and neighbors run errands for her, cook dinner, and assist with housework.

Informal and Formal Support

Participants should leave this session with ideas on how to identify informal and formal support systems to assist in caring for an older relative.

TIME	CONTENT	METHOD
5 mins.	**1. Introduction** "Today we want to talk about sources of support, both informal and formal. By informal support we mean assistance from friends, neighbors, and volunteers. Formal refers to agencies and organizations designed to provide assistance."	
20 mins.	**2. Informal Support**	■ Distribute Handouts for session. ■ Ask participants to complete Handout VI being as specific as possible (10 mins.). ■ Ask participants to discuss how they asked for support from family, friends, and others.
20 mins.	**3. Locating and Approaching the Formal System**	■ Ask participants how they would locate the services that can not be met by the informal system. ■ List responses on blackboard or flip chart (10 min.). ■ Use Trainer's Copy of Handout VIB for other suggestions. ■ Review Handout VIC. ■ Use Trainer's Copy of Handout VIC to facilitate discussion.
10 mins.	**4. Getting Relatives to Accept Services** "Sometimes we may go through the process of securing the service designed to meet a particular need, but when we mention the services to our older relative, he or she refuses to accept the service."	■ Ask participants to share methods for getting relatives to accept service. ■ List comments on blackboard or flip chart. ■ Use Trainer's Copy of Handout VID for other suggestions.
5 mins.	**5. Evaluation**	■ Have participants complete evaluation forms and hand in evaluations from previous session. ■ If time does not permit, have them complete the forms and bring to next meeting.
	Housekeeping	■ Inform participants of the date, time, place, and topic of next meeting. ■ Remind participants that sessions start on time and seating is reserved. ■ Remind participants to bring folders to each session.

Handout VI

Informal Support System

Part I. Who are the members of your informal support system? Name the people who might provide you with assistance in caregiving.

(A) Family/Children

(B) Grandchildren

(C) Sisters

(D) Brothers

(E) Aunts

(F) Uncles

(G) Nieces

(H) Nephews

(I) Other Relatives

(A) Friends

(B) Neighbors

(C) People at Religious or Civic Group

(D) Other

Taken with permission from *Family Caregivers and Dependent Elderly,* Tim Brubaker and Diana Springer.

Informal Support System

Part II. What kinds of assistance do you need to fulfill your role as a caregiver?
List the specific tasks.

(A) Physical care of relative (bathing, lifting, etc.)

(B) Household tasks (cooking, cleaning)

(C) Home repair or maintenance (painting, fixing storm door, removing storm windows)

(D) Transportation

(E) Emotional well-being of older family member (visiting, asking for advice or help)

(F) Emotional well-being of caregiver (visiting, respite)

(G) Other

Informal Support System

Part 3 Who in your support system can help you meet your caregiving needs? Match the names in Part 1 with the needs in Part 2.

(A) Persons who might give you support/assistance

(B) Kinds of support/assistance

(C) Needs that can't be filled by informal supports

Handout VIB
Trainer's Copy

Sources for Identifying Formal Support

Yellow Pages—under social services, social workers, nursing homes, nurses, human services organizations, health and welfare agencies, disability services, physical therapy equipment.

Government section of phone book—under city or county aging department, geriatric clinics and services, Social Security Administration, Housing and Urban Development, employment, home care services, human services, mayor's or governor's office on aging, mental health, social services, recreation department, adult protective services, Health and Human Services, information and referral.

Persons—social workers, clergy, doctors, nurses, senior center staff, neighbors, family members, employee counselors.

Hints for Confronting the Bureaucracy

1. Be patient and persistent.
2. Have a pen and note pad ready.
3. Be specific.
4. Be polite, but firm.
5. Try to call early in the morning or right after lunch.
6. Don't apologize when asking for help.
7. Get the names of everyone you talk to.
8. Be prepared for intake interviews.
9. Be assertive.
10. Check all options.

Adapted with permission from: *As Parents Grow Older,* Alida Silverman.

Hints for Confronting the Bureaucracy

1. Be Patient and Persistent. Although you may get transferred from person to person or department to department, don't get discouraged. Persistence equals success.

2. Have a pen and note pad ready. Make a separate sheet for each service you try to locate. List each person you talk with, along with the name of the department and agency. Also, note any description of services, regulations, or application process. Save these notes for future reference.

3. Be specific. Know what you want before you call a particular agency.

Talk to your older loved one and your own doctor, clergy, social worker, etc., to get a clear idea of the type of service you need.

If you are unsure of the exact type of agency you need, contact your local Area Agency on Aging. The Area Agency is required by law to have an Information and Referral (I & R) number which should be able to provide you with a direct reference or at least with an idea of the type of agency to call. Or call your local city or county Public and/or Mental Health Departments, Department of Social Services, or Social Security Administration.

4. Be polite but firm. Do not lose your temper and hang up. Explain your problem or need as clearly and as often as necessary.

5. Try to call early in the morning or right after lunch time. These are probably the best times to reach case workers.

6. Don't apologize when asking for help. If your elderly relative or you cannot afford even a minimal fee, say so! Many times agencies receive money through taxes, contributions, etc., which may help to pay any charges for the services. Also, some agencies have free volunteer services.

7. Get the name of everyone you talk to. Before the conversation starts, say, "Hi, I'm ___________, to whom am I speaking?" If someone is rude, refuses to help, or is impolite, don't lose your temper, remain calm but *demand* to talk to the supervisor. Also, report to the supervisor when someone is extremely nice and helpful.

8. If the agency requires an intake interview, be prepared. Make a list of all relevant legal and financial papers you need to take with you. If you feel stressed, take someone along with you. Take notes during the interview and be sure that you are clear as to what is going to happen and what financial and legal responsibilities you have. Before you leave, review the list of papers you brought with you to make sure all of them were returned. **Never** leave an original. Allow the agency representative to make copies.

9. Be assertive and you'll end up with what you want or at least be on the right track.

10. Check all options. Compare services just as you would compare items while shopping.

Adapted with permission from *As Parents Grow Older,* Alida Silverman.

Handout VID
Trainer's Copy

Acceptance of Social Services

Possible reasons why elderly relatives refuse services

- Feelings of dependence
- Refuses to accept "charity"
- Does not understand service
- Fear of cost.

Helping elderly relatives accept services

- Provide knowledge of service;
- Explain that service is designed to help them remain independent;
- Explain services positively;
- Have someone the older person respects suggest the service;
- Accompany the older person to gather information about the service;
- Make arrangement to have older person pay for services;
- Offer to supplement cost of care; or
- Offer the service as a gift.

Coping with Mental Changes in an Older Relative

Participants should leave this session understanding that senility is *not* normal. Participants should also be provided with hints for coping with aged relatives experiencing mental decline.

TIME	CONTENT	METHOD
5 mins.	**1. Introduction** "Today we want to concentrate on mental incapacities. We want to leave the session understanding what senility is and knowing how to cope with aged persons who are experiencing mental decline."	
10 mins.	**2. Definition and Myths of Senility**	■ Ask participants to define senility. ■ Ask participants to discuss their beliefs about senility. ■ Conduct a brief discussion on senility in very old age and the percentage of the elderly population that is actually senile. ■ Record comments on flip chart or blackboards.
15 mins.	**3. Facts on Common Mental Changes** "Senility is a term we use to describe various mental changes which occur during old age. Senility is *not* normal. The evidence rate is only that five to ten percent of the population over age 65 is senile. Symptoms include forgetfulness of recent events, confusion, disorientation, loss of reasoning ability, suspiciousness, etc."	■ Refer to Handout VII. ■ Review and discuss handout.
20 mins.	**4. How Caregivers Cope with Dementias**	■ Ask participants to form three smaller groups. ■ Ask each group to offer suggestions for one situation listed on Handout VIIB (10 mins.). ■ Let groups know when they have three minutes left. ■ Call group back together to discuss coping strategies (10 mins.). ■ Record on flip chart or blackboard. ■ Use Trainers' Copy of Handout VIIB to offer additional suggestions.

TIME	CONTENT	METHOD
5 mins.	**5. Conclusion** "Important points to remember when confronted with mental incapacities. ■ Get an accurate diagnosis, since symptoms may be a result of a reversible condition such as malnutrition, drug interaction, infections, etc. ■ Keep the person actively involved for as long as possible. ■ Allow the person to do what he/she can for self for as long as possible. ■ Pay attention to your own needs. ■ Join a support group. ■ Solicit outside assistance. ■ Realize your own limitations and act accordingly."	
5 mins.	**6. Evaluation**	■ Have participants complete evaluation form and hand in evaluations of previous session. ■ If time does not permit, have them bring the completed forms to the next meeting.
	Housekeeping	■ Inform participants of the time, date, place, and topic of the next session. ■ Remind participants that sessions start on time and those who have registered have a reserved seat. ■ Remind participants to bring folders to each session.

Handout VII

Mental Disorders

Acute Brain Syndrome

Acute brain syndromes are also known as "delirium" and are characterized by mental changes that are recent (hours or days) in onset. May be mistaken for chronic brain syndromes.

Causes—Physical diseases (heart attack, infections, stroke, dehydration or poor nutrition, over-medication, malnutrition, vitamin deficiency, and depression).

Symptoms—Confusion, disorientation, inattentiveness, lethargy, agitation, excitement.

Treatment—Reversible if treated early. Recognize and manage the specific underlying medical problem.

Chronic Brain Syndrome

Most people recognize chronic mental syndromes as "senility." Onset is slow and uncertain but usually has been progressive over six months or more.

Causes—Degenerative pathological processes, hardening of arteries, low thyroid hormone, pernicious anemia, syphilis, or many other rarer diseases.

Symptoms—Initial change gradual and subtle. Person may have trouble thinking through projects, comprehending messages and making decisions. Recent memory loss is characteristic until eventually a person may not recognize family or close friends. Behavior changes may also occur along with inability to perform self care activities.

Treatment—Treatable causes will be few.

Alzheimer's Disease

This is one of the most common chronic mental syndromes which gradually destroys the brain's ability to function. It is the accumulation of abnormal fibers in the brain which appear as tangles under a microscope. Onset is slow. Alzheimer's disease is the fourth leading cause of death for persons 65 and older (behind heart disease, strokes, and cancer).

Causes—Unknown

Symptoms—First symptoms often overlooked. Person gradually becomes forgetful of recent events and may take longer to complete routine tasks. Memory loss increases as does confusion, irritability, restlessness, and agitation. The person may be disoriented and wander about. In advanced stages, victims become incapable of caring for themselves and cannot read or use language. Progression is very individualistic. Total disability may occur anywhere from 3 to 15 years after onset.

Diagnosis—A complete medical history and thorough neurological exam is necessary to rule out curable conditions. A thorough psychological exam will assess the degree of confusion.

Psychological exam should be repeated six months later. If the patient has not worsened, maybe another diagnosis should be explored. Have a social worker complete a social history to rule out depression. The only absolute diagnostic tool is an autopsy after death.

Treatment—No cure. However, tranquilizers can lessen agitation. Other medications can improve sleeping patterns. Proper nourishment, adequate fluid intake, and exercise are very important.

Adapted with permission from *As Parents Grow Older*, Alida Silverman.

Coping with Dementia

What suggestions can you offer for coping with the following situations?

1. Mrs. R. is somewhat confused. She frequently forgets where she is and may wander off and get lost.
2. Mr. J. is severely disoriented. He no longer reads and sometimes has difficulty communicating. He is able to move about and frequently wanders downstairs in the middle of the night. He is unaware of danger. What can his caregiver do to maintain a safe environment?
3. John has been caring for Mary for five years. Mary is in the final stages of Alzheimer's disease and is bedridden. John insists on keeping her at home for her last few days but he is totally exhausted and in need of medical attention. What should John do to take care of *himself?*

Coping with Dementia

What suggestion can you offer for coping with the following situations?

1. Mrs. R. is somewhat confused. She frequently forgets where she is and may wander off and get lost.

- Get ID bracelet for her listing name, phone number and address.
- Constantly remind Mrs. R of the date, time, place, who she is, and who you are.
- Alert neighbors.
- Install a slide chain at the top or bottom of doors leading to the outside.
- Place labels and pictures throughout the house.
- Use large clocks and calendars.
- Keep routine schedule giving person specific duties he/she can accomplish.
- Avoid being overprotective—allow person to do as much as possible.

2. Mr. J. is severely disoriented. He no longer reads and sometimes has difficulty communicating. He is able to move about and frequently wanders downstairs in the middle of the night. He is unaware of danger. What can his caregiver do to maintain a safe environment?

- Get ID bracelet for the memory impaired.
- Keep toxic materials and medicines out of reach.
- Place night lights, particularly on stairs.
- Remove knobs on stove when not in use.
- Lock windows, cabinets, and doors.
- Purchase baby safety knobs which spin around making it impossible to operate the regular door knobs.
- Long walks and warm milk to help him sleep through the night.
- Get professional help if person becomes too aggressive.

3. John has been caring for Mary for five years. Mary is in the final stages of Alzheimer's disease and is bedridden. John insists on keeping her at home for her last few days but he is totally exhausted and in need of medical attention. What should John do to take care of *himself?*

- Seek medical advice.
- Give himself permission to grieve, to take care of self.
- Contact a hospice program.
- Contact agencies for home care services.
- Contact family, friends or church members to provide assistance.
- Get away from the house for a couple of hours every day.
- Join a support group.
- Pay attention to his own needs, exercise, proper nutrition, and stress management.
- Realize his own limitations. When the condition becomes extremely severe, it may be necessary to provide a special setting with full-time care.

Tips for Caregivers—Personal Care

In order that this session meet content requirements, it is necessary to have a health care professional conduct the session. The Trainer's Copy of Handout VIII contains ideas for speaker selection and content.

TIME	CONTENT	METHOD
5 mins.	**1. Welcome and Introduction of Speaker**	■ Distribute handouts for session.
45 mins.	**2. Guest Speaker**	
10 mins.	**3. Questions and Answers**	■ Tell participants that evaluations will be collected at the next session. ■ Inform participants of the time, date, place, and topic of next session.
	Housekeeping	■ Remind participants that meetings start on time and those who have registered have a reserved seat. ■ Remind participants to bring their folders to each session.

Handout VIII
Trainer's Copy
Specific Information for Speaker

Tips for Caregivers—Personal Care

You are going to be meeting with a group of middle-aged employees who are also family members concerned about older relatives. Employees are caring for people with various levels of disability.

The group should contain no more than ________ people. Your presentation should last 40 to 45 minutes, the remaining 10 to 15 minutes will be reserved for questions and answers. Demonstrations are encouraged.

You may want to briefly discuss the following items and have appropriate handout materials available to provide greater detail:

Bathing
- Adaptive equipment
- Safety measures
- Assistance with tub bathing
- Bed baths.

Toileting
- Managing incontinence
- Adaptive equipment
- Bowel and bladder training
- Transferring to the toilet.

Changing Positions
- Prevention of pressure sores
- Procedures for transferring
- Adaptive equipment.

Housing and Independence

This session stresses the importance of assessing an older person's abilities when discussing housing concerns. Participants should have an understanding that older persons have the right to the least restrictive living arrangements.

TIME	CONTENT	METHOD
5 mins.	**1. Introduction** "The living situation of the elder person is closely tied to his/her sense of independence and physical and mental health. As caregivers we need to be aware of various options in discussing living arrangements with elderly relatives. During this session we will try to explore various living arrangements as a means of planning for the future."	■ Distribute Handouts for session.
15 mins.	**2. Types of Living Arrangements**	■ List the headings "Independent," "Sharing a Household," "Semi-independent," and "Dependent" on flip chart or blackboard. ■ Use Trainer's Copy of Handout IX to define each category of housing. ■ Ask participants to suggest specific living arrangements for each category. ■ List on flip chart or blackboard. ■ Use Trainer's Copy of Handout IX to supplement participants' comments.
20 mins.	**3. Activities of Daily Living Scale** "The next exercise will help us evaluate our elderly relative's level of independence in terms of selecting an appropriate living arrangement."	■ Ask participants to form three smaller groups. ■ Ask participants to take 5 minutes to complete Handout IXB to assess their older relative's abilities. ■ Ask for one volunteer from each small group to share her/his responses. ■ Have each small group discuss each type of living arrangement in terms of the participants' responses to Handout IXB. ■ Call the group back together.

15 mins.	**4. When Nursing Home Care Is Necessary** "Next we want to discuss when nursing home care is necessary. Again there are no clear-cut guidelines. The need for full-time professional care varies and depends on factors such as the availability of in-home services, family relations, and the cost of needed care. The decision to enter a nursing home is perhaps one of the most difficult dilemmas facing the older person and his/her family. Let's look at Handout IXC which lists some reasons why families decide to use a nursing home." "Handout IXD is a checklist for choosing a nursing home. The checklist is an excellent guide for those of us who may be confronting this dilemma. Also, it is a planning tool because nursing home placement may become a reality in the future. The checklist can be used at your convenience. Even after the decision is made, there may be problems.	■ Review Handout IXC (5 mins.). ■ Ask participants to add to the list. ■ Record comments on chalkboard or flip chart.
	What are some of the areas of concern after nursing home placement has been made?"	■ List the heading "Concerns After Nursing Home Placement" on chalkboard or flip chart. ■ Ask participants for comments. ■ List comments on blackboard or flip chart. ■ Use Trainer's Copy of Handout IXE for other suggestions. ■ Emphasize that these feelings are normal.
	"As you can see by today's session, decisions about living arrangements are very critical and should be made wisely. Handouts IXF and IXG, a home safety checklist and a facility checklist will be quite helpful when deciding *with* the older person where he/she should live."	
5 mins.	**5. Evaluation**	■ Have participants complete evaluation forms and hand in evaluation from previous session. ■ If time does not permit, have them bring the completed forms to the next meeting.
	Housekeeping	■ Inform participants of time, date, place, and topic of next session. ■ Remind participants that sessions start on time and seating is reserved. ■ Remind participants to bring their folders to each session.

Handout IX
Trainer's Copy

Types of Living Arrangements

Independent—Living arrangements which provide maximum conditions for self-sufficiency and independence:

- Elderly person's own home or apartment, with or without modifications;
- Retirement communities;
- Senior citizens apartments;
- Condominiums, cooperatives, mobile homes; and
- Public housing.

Sharing a household—Living arrangement where two or more persons reside together, sharing expenses and household duties:

- Elderly person and adult caregiver live together;
- Caregiver adds on a connecting apartment to their home for the elderly person;
- Housing match programs which "matches" two or three persons seeking a shared housing arrangements; or
- House sharing whereby three to seven reside together in a large house sharing expenses.

Semi-independent—Supportive living arrangements for persons who need assistance in self-care but do not need nursing care:

- Adult foster care;
- Personal care facilities;
- Congregate housing;
- Group homes;
- Home care services; or
- Sheltered living facility.

Dependent—Living arrangements for persons who have difficulty with self-care and need some degree of medical care. These facilities may provide intermediate or skilled nursing care. Intermediate care facilities provide professional nursing services to individuals needing minimal medical care. A skilled care facility provides 24-hour professional nursing coverage and a complete program of health related and rehabilitative services:

- Convalescent homes;
- Nursing homes;
- State hospitals; and
- Institutions.

Adapted with permission from *As Parents Grow Older*, Alida Silverman.

Handout IXB

Activities of Daily Living

Instructions: Please put a check in the blank next to the sentence which best describes your aging relative. Don't guess. If you are not absolutely sure about an activity, check it out by direct observation or by asking someone whom you trust and who knows your older relative.

How to Use: There are no firm guidelines to tell you how dependent your older relative should be in his/her activities of daily living before he/she should be placed in a nursing home or anywhere else. However, if you have placed a check in nearly all activities in the "needs help" or "completely unable" category you will realize that either a good many services or institutional placement may be needed if you are unavailable to continually care for your relative. On the other hand, you might find an older person needs help in only two or three activity areas. You might then look to find agencies providing services for those problem areas.

Non-personal

1. Can use the telephone . . .

☐ without help, including looking up numbers and dialing

☐ with some help (can answer phone or dial operator in an emergency, but needs a special phone or help in getting the number or dialing)

☐ completely unable to use the telephone.

2. Can get to places out of walking distance . . .

☐ without help (can travel alone on buses, taxis, or drive own car)

☐ with some help (needs someone to help or go with him/her when traveling)

☐ unable to travel unless emergency arrangements are made for specialized vehicle like an ambulance.

3. Can go shopping for groceries or clothes (assuming transportation is available) . . .

☐ without help (taking care of all shopping needs)

☐ with some help (need someone to go with them on all shopping trips)

☐ completely unable to shop.

4. Can prepare own meals . . .

☐ without help (plans and cooks full meals)

☐ with some help (can prepare some things but unable to prepare all meals)

☐ completely unable to prepare meals.

5. Can do housework . . .

☐ without help (can scrub floors, etc.)

☐ with some help (can do light housework but needs help with heavy work)

☐ completely unable to do any housework.

6. Can take own medicine . . .

☐ without help (in the right doses at the right time)

☐ with some help (able to take medicine if someone prepares it and/or reminds him/her to take it)

☐ completely unable to take own medicine.

7. Can handle own money . . .

☐ without help (write checks, pay bills, etc.)

☐ with some help (manage day-to-day buying but need help with managing checkbook and paying bills)

☐ completely unable to handle own money.

8. If help is needed in any of the above categories, is there always someone available to provide that help?

☐ Yes. ☐ No.

If no, when is help not available?

Personal

9. Can eat . . .

☐ without help (able to feed self completely)

☐ with some help (needs help with cutting, etc.)

☐ completely unable to feed self.

10. Can dress and undress self . . .

☐ without help (able to pick out clothes, dress, and undress self)

☐ with some help

☐ completely unable to dress and undress self.

11. Can take care of own appearance, for example combing hair and (for men) shaving . . .

☐ without help

☐ with some help

☐ completely unable to maintain appearance.

12. Can walk . . .

☐ without help (except a cane)

☐ with some help from a person or with the use of a walker, or crutches, etc.

☐ completely unable to walk (includes confined to wheelchair).

13. Can get in and out of bed . . .

☐ without any help or aids

☐ with some help (either from a person or with the aid of some device)

☐ totally dependent on someone else to lift him/her.

14. Can take a bath or shower . . .

☐ without help

☐ with some help (needs help getting in and out of the tub, or needs special attachments on the tub)

☐ completely unable to bathe self.

15. Trouble getting to the bathroom on time?

☐ No.

☐ Yes. If yes, how often does he/she have accidents (either day or night)?

  ☐ once or twice a week

  ☐ three times a week or more.

16. If help is needed in any of the above categories, (questions 9-15) is there always someone available to provide that help?

☐ Yes. ☐ No.

If no, when is help not available?

Psychosocial

17. Knowledge of own strengths and limitations . . .

☐ always asks for help when task is beyond physical or mental ability to handle

☐ occasionally takes on tasks beyond physical strength or mental ability

☐ consistently performs tasks which are dangerous to self or others.

18. Able to make decisions and act on them . . .

☐ consistently makes decisions and acts on them

☐ able to make decisions but rarely follows through with action

☐ vacillates a great deal in decision making and follow through

☐ unable to make decisions.

19. Interaction with others . . .

☐ seeks out others

☐ will interact with others if pushed

☐ does not relate to others.

20. Behavior in social situations . . .

☐ behavior would be judged by most persons as appropriate to situation

☐ behavior occasionally judged as inappropriate to situation

☐ behavior would be considered bizarre in most social situations.

21. Does person feel he is in relatively good mental health (free from irrational fears, anxieties or emotional upsets)?

☐ Yes. ☐ No. ☐ Unsure.

Taken with permission from *Practical Help: Caring for an Elderly Person in the Community,* New York State Office on Aging.

When Nursing Home Care Is Necessary

The decision to use a nursing home may be necessary due to:

- Lack of family support—there are no family members or others available to provide care as needed.
- Physical stress—family members cannot handle the physical aspects of care such as lifting patients, administering oxygen and administering injections.
- Cost of home care—family and/or elderly person can not afford the cost of all services needed.
- Behavior problems
  - —wandering
  - —disturbing sleep patterns
  - —aggressive or self-destructive behavior
  - —inability to eat properly and no supervision possible
  - —failure to take medications properly and no way to monitor
  - —extreme suspiciousness and bizarre behavior such as dressing inappropriately, destroying mail, hiding possessions, losing communication abilities
  - —inability to control elimination.
- Need for extensive medical care.

Adapted with permission from *Families Who Care for Older Relatives: The Problems, the Solutions.* Connecticut Community Care, Inc.

Handout IXD

Checklist for Choosing a Nursing Home

Questions marked with an asterisk (*) are very important. Negative answers to any of them should automatically disqualify a nursing home from further consideration. If you feel that other questions are particularly important, mark them with an asterisk also.

I. Before you visit. Call each home and ask to speak to the administrator.

*☐ Does the home provide the services recommended by the doctor?
☐ Is there a waiting list? How long?
*☐ Is the home licensed by the state?
*☐ Is the administrator licensed by the state?
☐ Is the facility approved to receive benefits from Medicare, Medicaid, and Veterans Administration? (This is highly desirable, for it means the facility has met government standards.)
☐ What are the charges for room and board? What services cost extra? (For example laundry, special diets, doctor visits, drugs, etc.)________________
☐ Does the facility have a written description of patients' rights? (Ask to have a copy sent to you.)

II. Visiting the nursing home. Talk to as many people as you can.

Individual Accommodations

Does each bedroom have:

☐ no more than four patients?
☐ a window?
☐ a door to the hallway?
☐ a bathroom?
☐ space to maneuver wheelchairs?

Does each bed have:

☐ drapery for privacy?
☐ nurse call bell?
☐ drinking water within reach?
☐ reading light?
☐ a comfortable chair?

Does each patient have:

☐ drawers?
☐ closet space?
☐ compatible roommates?
☐ a telephone, if desired?
☐ fresh bed linen?

Communal Areas

Are halls:

☐ well-lighted?
☐ equipped with hand rails?
☐ wide enough for two wheelchairs to pass?

Is there a lounge with:

☐ comfortable chairs and couches?
☐ a bulletin board for notices and menus, etc?
☐ a pleasant atmosphere?
☐ patients using it?

Does the home provide:

☐ activity rooms for recreation?
☐ tools and supplies necessary for activities? (cards, yarn, easels, etc.)
☐ private places for visits with family and friends?
☐ separate rooms for physical exams and therapy?

Is the home:

☐ clean-looking?
☐ fresh-smelling?
☐ free from loud traffic noises?
☐ air-conditioned?
☐ warm and draft-free in winter?

Is there access to:

☐ public telephone?
☐ mail box?
☐ postage stamps?

Safety Measures

☐ Are there obvious hazards such as poor lighting, throw rugs, unsteady chairs, or low objects that might be tripped over?

☐ Does the home have a fire safety inspection report less than one year old? (Ask to see it.)

Does the home:

☐ clearly mark exits?
☐ keep all exits unobstructed?
☐ close doors to stairways?
☐ have emergency opening devices on exterior doors that are normally locked?
☐ post an emergency evacuation plan?
☐ regulate smoking?
☐ practice fire drills with patients and staff?
☐ have a sprinkler system?

Medical Care

☐ Does the home provide the services the patient's doctor has recommended?
☐ Is a physician on call for emergencies?
☐ Is a physician on the staff in addition to being on call for emergencies?
☐ Is the patient allowed to be visited and treated by his or her own doctor? (If not, be sure there is a physician on the staff who is willing and able to take over care of the patient.)
☐ What hopsital does the home have transfer arrangements with?
☐ Will the nearest hospital accept emergency patients quickly? Is emergency transportation to the hospital readily available?
☐ Is a licensed practical nurse (LPN) on duty day and night? Is the director of nursing services a registered nurse (RN)?
☐ Are nurses' aides trained and evaluated closely?
☐ Is there a physical therapy program? Does a licensed physical therapist direct it?
☐ Is occupational therapy available?
☐ Will medical specialists—like podiatrists, optometrists, dentists—see residents at the home? What are their names and addresses?
☐ Is an accurate and complete medical record kept up to date on each patient? (Daily charts or files with daily entries should be at the nurses' station, immediately available in case of medical emergencies.)
☐ Are patients consulted in matters concerning their health? Are tests and medications explained?
☐ May the patient fill prescriptions wherever he/she can find the lowest price?

Meals

(Try to coincide your visit with the serving of a meal.)
☐ Is the dining room inviting and comfortable?
☐ Are the tables small enough to encourage conversation?
☐ Do patients look interested in the food and happy at mealtime? Do they seem to eat eagerly?
☐ Are foods that should be served hot still hot when the meal is served?
☐ Are cold foods kept cold?
☐ Does a professional dietitian (with a bachelor's degree in foods or nutrition or institution management and at least two years' experience) plan menus and supervise meal preparation?
☐ Is there enough food?
☐ Does the food served match the posted menu?
☐ Are meals served at normal times and with ample time for leisurely eating?
☐ Is there help at the table or in rooms for those who need assistance in eating?
☐ Are nutritious snacks available between meals?
☐ Do men and women eat together? (This encourages everyone to be well-groomed and sociable.)
☐ Are food preparation areas separate from garbage and dishwashing areas?
☐ Is the kitchen clean?
☐ Does the food seem to be handled carefully and refrigerated promptly?

Activities

Does the home provide:

☐ programmed yet flexible activities keyed to the desires and abilities of individual patients?
☐ holiday and birthday observances?
☐ trips to museums, parks, friends, and family for those who are able?
☐ opportunities to attend outside religious activities if desired?
☐ optional religious services within the home?
☐ community volunteers to assist with activities in the home?
☐ good sources of reading materials, such as travelling library or book carts?
☐ a barber and beautician?

Morale

Are residents:

☐ alert?
☐ active and involved unless very sick?
☐ allowed to decorate their own rooms; choose their own clothes; communicate freely with each others; engage in their own activities?
☐ restricted in any way merely for the convenience of the nurses?
☐ pleased with the visiting hours?

Do staff members seem:

☐ warm, pleasant, cheerful?
☐ interested and affectionate toward patients; courteous and respectful?
☐ encouraging?
☐ responsive to calls for assistance?
☐ competent?

Does the administrator seem:

☐ courteous, helpful?
☐ available for answering questions, hearing complaints?

Are visitors and volunteers satisfied:

☐ with the facility?
☐ with the visiting hours?

Before finalizing your choice, you should visit the home unannounced to confirm your first impressions.

Used with permission from and developed by Aetna Life and Casualty Co.

Handout IXE
Trainer's Copy

Areas of Concern After Nursing Home Placement

Feelings of guilt because:

- you are breaking the promise that your relative would never go to a home
- you feel that maybe you could have done more
- you feel somewhat relieved.

Feelings of anxiety because:

- you know you may be in a nursing home one day
- your relative may become more confused because he or she is in a different environment.

Feelings of worry and concern:

- that your relative will not be well cared for
- about the cost and the contribution you will have to make
- if you need to apply for state assistance which involves consideration of assets.

Taken with permission from *Families Who Care for Older Relatives*, Connecticut Community Care, Inc.

Handout IXF

Home Safety Checklist

This checklist is to help you make your home safer. Use it to go through your home and look at the items that are listed below. If you check "No" on any items, your home is not as safe as it could be. By correcting items marked "No" you can improve your home safety and help prevent home accidents.

	Yes	No
1. Are there sturdy hand rails or banisters by all steps and stairs?	☐	☐
2. Is there adequate lighting in all stairwells and hallways?	☐	☐
3. Is there a light switch at both the top and bottom of stairs?	☐	☐
4. Are stairways and hallways clear of clutter and loose objects?	☐	☐
5. Is there a light switch by the doorway of each room?	☐	☐
6. Is there a flashlight, light switch, or lamp beside your bed?	☐	☐
7. Are all electric cords placed close to walls, out of your pathway?	☐	☐
8. Are rugs secured around all edges?	☐	☐
9. Are rugs smooth and flat, with no folds or wrinkles?	☐	☐
10. Is there a list of emergency phone numbers by your phone? (Fire, police, emergency, ambulance, doctor.)	☐	☐
11. Are all medicines marked clearly? Name of medicine, date purchased, how taken, when taken?	☐	☐
12. Is there a non-skid surface on the floor of your bathtub or shower? (Non-skid strips or flowers, rubber mat.)	☐	☐
13. Are there adequate hand holds for getting in and out of your bathtub?	☐	☐

Taken with permission from *Practical Help: Caring for an Elderly Person in the Community*, New York State Office for the Aging.

Facility Checklist

The following are some suggested items to check for when looking into an apartment, retirement village or other form of independent living arrangement, to ensure maximum safety, privacy, and independence for the elderly resident.

- ☐ Proximity to grocery and drug stores, clothing stores, and other places of business;
- ☐ Proximity to doctors' offices, clinics, police, fire department, hospitals, etc.;
- ☐ Parking facilities;
- ☐ Access to public transportation;
- ☐ The facility's laundry and maintenance services;
- ☐ Recreational programs;
- ☐ Elevators, stairways, fire escapes, and warning systems; make sure they are clearly marked;
- ☐ Emergency signaling devices such as alarm bells in the bathrooms and in bedrooms, which, when pressed, signal a guard or staff person on 24-hour watch;
- ☐ Adequate storage space;
- ☐ Well-lighted hallways, stairways, kitchen and bathroom areas;
- ☐ Adequate ventilation, heating and cooling systems;
- ☐ Time of postal deliveries, location, and accessibility to resident mail boxes;
- ☐ Carefully check the stipulations in the lease regarding your elderly relative's possessions, apartment, mobile home lot, etc., in the case of unexpected illness requiring prolonged hospitalization.
- ☐ Talk with the current residents and facility staff to get an idea of how satisfied others are with the living conditions, and the amount of privacy and independence the elderly person will be able to enjoy.

Taken with permission from *As Parents Grow Older*, Alida Silverman.

Legal Considerations

In order that this session meets content requirements, it is necessary to have legal counsel conduct the session. Trainer's Copy of Handout X contains ideas for content.

TIME	CONTENT	METHOD
5 mins.	**1. Welcome and Introduction of Speaker**	■ Distribute handouts.
35 mins.	**2. Guest Speaker**	
15 mins.	**3. Questions and Answers**	
5 mins.	**4. Evaluation**	■ Thank speaker. ■ Have participants complete evaluation form and collect evaluations from previous session.
	Housekeeping	■ If this is last session, thank participants for attending, suggest that they may wish to take each other's phone numbers, in order to offer each other support on a continuing basis.

Specific Information for Speaker-Legal Considerations

You are going to meet with a group of middle-aged employees who are family members concerned about older relatives. Employees are caring for both well and disabled elderly relatives.

The group should contain no more than ____ people. Your presentation should last 30 to 35 minutes. The remaining 15 to 20 minutes will be reserved for questions and answers.

You may want to briefly discuss the following items and have *appropriate handout materials available to provide greater detail:*

Wills

- Why a will is important
- Requirements of a will
- Choosing an administrator
- Revoking a will

Power of Attorney

- What is power of attorney?
- When to use
- What powers are transferred?
- Durable power of attorney
- What ends the power of attorney?

Representative Payee

- When can a representative payee be appointed?
- Who can be the representative payee?
- Duties of the representative payee

Conservatorship

- Procedure for appointment
- Conservatorship of the estate
- Conservatorship of the person

Trusts

- Living trusts
- Effects on probate court

Notes

AMERICAN ASSOCIATION OF
RETIRED PERSONS
1909 K Street, NW
Washington, DC 20049

A Publication
of the Social Outreach
and Support Section
Program Department

Funded by the Women's Initiative

PF3924(1187).D12933